

**HEALTHCARE INTEGRITY AND PROTECTION
DATA BANK (HIPDB)**

**INTERFACE CONTROL DOCUMENT (ICD)
FOR JUDGMENT OR CONVICTION REPORT (JO CR)
TRANSACTIONS**

Version 1.12

July 2006

**U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Health Professions
Office of Workforce Evaluation and Quality Assurance
Practitioner Data Banks Branch
Parklawn Building, Room 8-103
5600 Fishers Lane
Rockville, Maryland 20857**

SUMMARY OF CHANGES – VERSION 1.12

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.12. Effective July 31, 2006, this ICD version 1.12 replaces version 1.11. The changes in this version are indicated below:

- Added submission file name length limitation. See Section 2.3.
- Added new error codes 71, 72, 73, and AF. See Section 4, List I.

SUMMARY OF CHANGES – VERSION 1.11

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.11. Effective May 8, 2006, this ICD version 1.11 replaces version 1.10. The changes in this version are indicated below:

- The Data Banks' Web site is now located at www.npdb-hipdb.hrsa.gov. The Data Banks are using a .gov domain name to help prevent fraud by showing Data Banks' users that the NPDB-HIPDB Web site is under the Government-run domain. Please update your Internet bookmarks to reference the .gov address for the Data Banks' Web site. NPDB-HIPDB Web site references in this document now refer to the new Web site address.
- Due to the NPDB-HIPDB Web site address change, all ITP and QRXS client programs must be upgraded to a new version. Updated client programs are now available on the NPDB-HIPDB Web site. While the current versions of the ITP and Querying and Reporting XML Service (QRXS) client programs will continue to function for a limited time, all ITP and QRXS users must upgrade their client program to the new version no later than September 18, 2006.

SUMMARY OF CHANGES – VERSION 1.10

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.10. Effective October 17, 2005, this ICD version 1.10 replaces version 1.09, which provided six months advance notice for format changes that also became effective October 17, 2005.

Rules of Behavior

- Added an appendix that describes the Rules of Behavior. See Appendix B.

Occupation/Field of Licensure Codes

- Modified the category title Nurses Aide/Home Health Aide to Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1.
- Added the new codes 148, 165, 175 under category Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1.
- Added the new code 470 under category Speech, Language, and Hearing Service Provider. See Section 4, List C-1.

Error Codes

- Added new error codes and removed unused error codes. See Section 4, List I.

SUMMARY OF CHANGES – VERSION 1.09

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.09. Effective October 17, 2005, this ICD version 1.09 replaces version 1.08. The changes in this version are indicated below:

Header Data Record (HDR)

- Field version number (VER_NUM) width increased to 5 and value changed from R7.0 to R8.0. Response files will use R8.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R8.0. See Table 3-9.

Individual Taxpayer Identification Number Data Record (ITIN)

- This data record is now required for reports submitted via ITP and diskette. See Table 3-14.

Affiliations Data Record (AFF)

- Data requirement for the record have been updated. See Table 3-3.

Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL) and Organization Subject State License Number Data Record (ESLN)

- State codes are now limited to U.S. State and Territories. State codes, AA (Central and South America), AE (Europe), and AP (Pacific), are no longer accepted. See Section 4, List A-1.

Error Codes

- Removed unused error codes. See Section 4, List I.

SUMMARY OF CHANGES – VERSION 1.08

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.08. Effective July 11, 2005, this ICD version 1.08 replaces version 1.07. The changes in this version are indicated below:

- Added guidance for submitting Individual Deceased flag (ISUBJ). The Deceased flag may be “U” for unknown. See Table 3-10.

SUMMARY OF CHANGES – VERSION 1.07

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.07. Effective February 2, 2004, this ICD version 1.07 replaces version 1.05. ICD version 1.06 has not been publicly released; users should refer to this version for information on submitting JOCR reports. For report and query submission prior to February 2, 2004, readers should refer to version 1.05 of the Interface Control Document for Judgment or Conviction Report Transactions available at <http://www.npdb-hipdb.com>. The changes in this version are indicated below:

Customer Use Data Record (CUSE)

- This data record is now required for reports submitted via diskette. See Table 3-5.

Entity Data Record (ENTY)

- The Entity Data Record has been removed from report submissions and responses.

Entity Internal Report Reference Data Record (ER)

- This new data record has been added to allow your entity to include an internal file number or other reference information to help you identify this report in your files. The ER Data Record is present in report submissions and responses. See Table 3-7.

Header Data Record (HDR)

- The NPDB-HIPDB will no longer require extra fields in the HDR Data Record for ITP submissions. The HDR Data Record requirements for ITP and diskette submissions are now identical. Response files will use R7.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R7.0. See Table 3-9.

Report Statement Data Record (RSDR)

- The SUBJECT_STMT_DT, SUBJECT_STMT_DT_STATUS, SECRETARY_STMT_DT, and SECRETARY_STMT_DT_STATUS fields have been added to this data record in order to indicate when the report subject entered the statement, and if the report was reviewed by the Secretary of the HHS, when this review took place. See Table 3-26.

Trailer Data Record (TRLR)

- The CHECKSUM field has been removed from the data record, as NPDB-HIPDB no longer requires the computation of a checksum. See Table 3-32.

Descriptions for the following data records have been updated to more clearly explain the format of repeating data elements:

- Affiliations Data Record (AFF). See Table 3-3.
- Drug Enforcement Administration Data Record (DEA). See Table 3-6.
- Federal Employer Identification Number Data Record (FEIN). See Table 3-8.
- Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL). See Table 3-11.
- Individual Supplemental Information Data Record (ISUPPL). See Table 3-12.
- Investigating Agencies Data Record (INVTG). See Table 3-13.
- Act(s) or Omission(s) Data Record (AOCD). See Table 3-1.
- Medicare Provider/Supplier Number Data Record (MEDICAREP). See Table 3-16.
- National Provider Identifier Data Record (NPI). See Table 3-17.
- Organization Subject State License Number Data Record (ESLN). See Table 3-19.
- Organization Supplemental Information Data Record (ESUPPL). See Table 3-20.
- Other Name(s) Used Data Record (ALIAS). See Table 3-21.
- Other Organization Name(s) Used Data Record (OENAM). See Table 3-22.
- Principal Officers and Owners Data Record (POO). See Table 3-24.
- Social Security Number Data Record (SSN). See Table 3-30.

- Statutory Offenses and Counts Data Record (STATOC). See Table 3-31.
- Unique Physician Identification Number (UPIN). See Table 3-34.

Error Codes

- The description of error code 42 has changed. See Section 4, List I.
- New error codes AC, J1, J2, J3, J4, J5, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, MA, MB, MC, MD, ME, MF, and MG have been added. See Section 4, List I.
- Error code 04 has been retired. See Section 4, List I.

SUMMARY OF CHANGES – VERSION 1.05

Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions version 1.05. Effective September 9, 2002, this ICD version 1.05 replaces version 1.04. The changes in this version are indicated below:

- The NPDB-HIPDB will now accept submissions containing either a null character or a tilde character as field delimiters. Responses to submission files containing null character field delimiters will likewise contain null character as field delimiters. Responses to submission files containing tilde field delimiters will likewise contain tilde field delimiters. See Section 2.2 for details.
- Added guidance for submitting foreign and military addresses. See Section 4, List A-1.

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1. Overview

1.1 Introduction

This Interface Control Document (ICD) provides information concerning the format, structure, and content of electronic files for submitting reports of health care-related civil judgments and criminal convictions, known as Judgment or Conviction Reports (JOCRs), to the Healthcare Integrity and Protection Data Bank (HIPDB).

There are three methods for submitting reports to the HIPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an electronic transaction file submission using the ICD Transfer Program (ITP) with data provided in the format specified in this ICD.
- Through an Extensible Markup Language (XML) transaction file submission, the Querying and Reporting XML Service (QRXS) with data provided in the format specified in *Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions*, available at www.npdb-hipdb.hrsa.gov/qrxs.html. For new users that wish to submit Judgment or Conviction Reports electronically, the QRXS is the recommended method.

The IQRS is the primary method of report submission. The IQRS allows reporters to submit single reports through a web-based interface using a browser. In addition, users can create draft versions of reports prior to submission. The IQRS also provides data validation capabilities and allows maintenance of a subject database for subsequent query or report submissions.

Submission by ITP is an alternative for those reporters who generate reports from custom (third-party) software or other special purpose software. Like reporters using the ITP, reporters who submit reports via diskette also must format their data using this ICD. However, unlike those submitting electronic transaction files, diskette reporters will receive paper responses from the HIPDB.

To report to the HIPDB, an entity must be authorized under Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the HIPDB. Certain entities also must report to the National Practitioner Data Bank (NPDB). To report to the NPDB, an entity must be authorized under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60, and must be registered with the NPDB. Attempts to access the Data Banks by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute. Do not attempt to access the Integrated Querying and Reporting Service (IQRS) or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting (i.e., reporting) JOCRs to the HIPDB. Other adverse actions must be reported to the HIPDB using the ICD for Adverse Action Report (AAR) Transactions. These include the following: Federal and State licensure and certification actions, Government health care program certification actions, exclusions from Federal and State health

care programs, and other adjudicated actions or decisions as established by regulation (including actions taken by health plans and Federal and State agencies). Other adverse actions that are reportable to the NPDB include State licensure actions taken against physicians and dentists, as well as clinical privileges and professional society membership actions taken against health care practitioners. Medical Malpractice Payment Reports (MMPRs) must be submitted to the NPDB using the ICD for MMRP Transactions. These ICDs are available at <http://www.npdb-hipdb.hrsa.gov>. To query the NPDB, the HIPDB, or both Data Bank(s), you may use the ICD for Query Transactions available at the previously specified URL. Only authorized and registered users are permitted to query the Data Bank(s).

Use of the procedures outlined in this ICD implies acceptance of the Disclaimer in Appendix A and the Rules of Behavior in Appendix B. Should you have questions concerning your responsibilities, please contact the Customer Service Center immediately as specified in Section 1.4, Contact Information.

1.2 Types of Reports

All transaction files submitted to the HIPDB must have a transaction code. This code is a two-character identifier that determines the type of transaction, the format and structure of the transaction file, and how the file is processed. A JOCR transaction file must include one of the transaction codes from Section 4, List J in the TRANS_CD field of its Header Data Record.

The types of reports are defined as follows:

Initial: The first record of a judgment or conviction report that is submitted to and processed by the HIPDB. An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.

Correction: A report that corrects an error or omission in an existing report. The Correction will supersede the contents of a current version of a report in the HIPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary. Note: You may not correct a Revision to Action report. To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.

Void: The retraction of a report in its entirety from the HIPDB. The report is removed from the subject's disclosable record.

Revision to Action: A new report that relates to and modifies a report previously submitted, (e.g., a change to a judicial action, such as a reduction in the sentence on appeal). Note: To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.

Notice of Appeal: A report notifying the HIPDB that a subject has formally appealed a previously reported judgment or conviction. Reporting entities must submit a Notice of Appeal whenever a previously reported judgment or conviction is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the HIPDB.

1.3 Submission of Reports to the HIPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting JOCRs to the HIPDB by the ITP (as well as on diskette) and for interpreting (i.e., parsing) electronic transaction responses received from the ITP. ITP files and diskettes submitted to the NPDB-HIPDB system will be validated against the specifications in this document, which may be amended from time to time. All mandatory fields must be completed, and only values specified in this ICD may be used in coded fields. The party submitting a transaction file or diskette to the NPDB-HIPDB system is solely responsible for ensuring that the file adheres to the format specified in this ICD. Any file that deviates from these specifications will be rejected.

1.3.1 The ICD Transfer Program (ITP)

ICD files are transferred electronically to and from the HIPDB via the ITP. ITP instructions and necessary class and Java files are available for download from the NPDB-HIPDB Web site at <http://www.npdb-hipdb.hrsa.gov>. For security, all data is transmitted over a secure socket layer (SSL) connection.

1.3.2 Diskettes

Reporters who do not have Internet access may submit reports via diskette. The HIPDB encourages entities to use either the IQRS or the ITP, because responses are returned to the reporting entity within two to four hours, thus improving efficiency. When submitting reports on diskette, each report transaction must be submitted in a separate file in the root directory of a DOS-formatted diskette. All verification documents generated are returned on paper, but not electronically. Diskette submissions should be mailed to the following address:

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832

1.4 Contact Information

To receive advance notice of ICD news and system changes, please consider joining our mailing list. To join the mailing list, simply send an e-mail to npdb-hipdb@sra.com requesting to join the ITP Users mailing list.

For specific questions concerning registration or HIPDB reporting requirements contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may report to or query the Data Bank(s). The *Entity Registration* form, information regarding HIPDB policies and procedures, and the ICDs are available at <http://www.npdb-hipdb.hrsa.gov>.

1.5 Document Organization

This document is organized into five sections and two appendices.

Section 1, Overview, contains a brief description of the ICD.

Section 2, Transaction File Formats, contains the submission and response file formats for Initial, Correction, Revision to Action, Void and Notice of Appeal Transaction Files for Individual and Organization Subjects, respectively.

Section 3, Transaction File Data Records, contains the format and contents of the submission and response files.

Section 4, Judgment or Conviction Report Code Lists, contains lists of the JOCR codes that are to be used in the transaction files.

Section 5, Sample Files, contains examples of submission and response files.

Appendix A, Disclaimer, specifies the terms and conditions for using this ICD. This appendix defines the limit of responsibility for the information contained in and the use of this ICD.

Appendix B, Rules of Behavior, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.

2. Transaction File Formats

2.1 Introduction

Reports sent by reporters to the HIPDB system are referred to as submission files. Responses sent by the HIPDB system to each reporter who submitted a report (via ITP) are referred to as response files. Section 2.2 describes the construction of data records. Section 2.3 provides the file formats for submission files sent to the HIPDB. Section 2.4 provides the file format for receiving response files from the HIPDB.

The data records that comprise a file depend on the type of transaction submitted. The Header Data Record of each file, which is the first data record in any report, identifies the type of transaction and the file submission method; the remaining records in the file are processed based on the specific format for that transaction type. Following the Header Data record are the mandatory records for the specific report type.

2.2 Construction of Data Record

All electronic transaction files submitted to the HIPDB system consist of predefined, labeled data records with positional data values. Each electronic file begins with a Header Data Record and ends with a Trailer Data Record. Examples of the Header Data Record and Trailer Data Record are shown below:

Example Header Data Record:

HDR~123456789012345~Password~J2~R8.0~FILENAME~10152003~~userid~

Example Trailer Data Record:

TRLR~

The other data records that make up a file depend on the type of transaction submitted, the type of subject, and the type of submitter (i.e., entities should only report the types of actions that they are authorized to submit). For example, the transaction file format for submitting a JOCR on an individual subject contains a different set of data records than the transaction file format for voiding a previously submitted JOCR on an organization subject. The Header Data Record of each file identifies the type of transaction, and the remaining records in the file are processed based upon the specific format for that transaction type.

The tilde character, for which the ASCII value is 126 (decimal), is required to act as a field delimiter to separate fields within a data record. **Data elements should not contain the tilde character; use of the tilde character for any purpose other than as a field delimiter will result in the rejection of the transaction.** Data records within a transaction file must begin with a record tag followed by a tilde, succeeded by the rest of the data fields for the record. Each data record must be separated by a tilde and end with a terminating tilde and a new line (also called a line feed) character. This document uses “\n” to denote the end of a record. The “\n” represents the new line character, for which the ASCII value is 10 (decimal), that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

If preferred, the NULL character, for which the ASCII value is 0 (decimal) may be used in place of the tilde as a field delimiter; however, note that a transaction file must use either the NULL or tilde exclusively throughout the file.

Below is an example of a Certification Data Record using tilde field delimiters.

CERT~JANE Q SMITH~PARALEGAL~5554443333~10152003~\n

Data fields that are “mandatory if known” may be left blank, but **must** have adjacent field delimiters separating them; all other fields must be completed. When the Data Bank(s) receive a report via ITP, the request is processed, and the report response is sent back to the reporting organization in the secure manner in which it was received. The subject of the report will receive paper notification. If the NPDB-HIPDB computer system rejects a report, it electronically sends a rejection notice to the reporting organization, detailing reasons for the rejection.

The “CERT” in the example above is a record tag. All tags are required, even if no other data are associated with the data record. If no other data are provided for a record that includes a Tag field, the data record should include only the tag, the terminating field delimiter, and the new line character.

2.3 Submission (Input) File Formats

This section provides the file formats for JOCR submissions to the HIPDB. Different data records are required for reports on individual subjects and reports on organization subjects. Only those reporters who submit JOCR information via ITP will receive response files. Section 2.3.1 describes the formats for submitting reports on individuals. Section 2.3.2 describes the formats for reports on organizations. **Note that submission file names must not exceed 30 characters in length.**

2.3.1 Individual Subject Submission File Formats

This section provides the submission file formats for report transactions involving individual subjects. Table 2-1 denotes the order and the mandatory data records for Initial, Correction and Revision to Action Report file formats. Table 2-2 denotes the order and the mandatory data records for Void Report file formats. Table 2-3 denotes the order and the mandatory data records for Notice of Appeal Report file formats.

2.3.1.1 Individual Subject Initial, Correction, and Revision to Action Transaction File Formats

The following table denotes the order in which data records must be submitted for Initial, Correction and Revision to Action reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-1: Individual Subject Submission File Data Record Ordering for Initial, Correction, and Revision to Action Reports

Data Records	Order
Header Data Record (HDR)	1
JOCR Type Data Record (JOCRT)	2
Individual Subject Data Record (ISUBJ)	3
Other Name(s) Used Data Record (ALIAS))	4
Social Security Number Data Record (SSN)	5
Individual Taxpayer Identification Number Data Record (ITIN)	6
Federal Employer Identification Number Data Record (FEIN)	7
National Provider Identifier Data Record (NPI)	8
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	9
Drug Enforcement Administration Data Record (DEA)	10
Affiliations Data Record (AFF)	11
Unique Physician Identification Number Data Record (UPIN)	12
Judgment or Conviction Data Record (JOCR)	13
Action on Appeal Data Record (APEAL)	14
Investigation Data Record (INVTG)	15
Statutory Offenses and Counts Data Record (STATOC)	16
Act(s) or Omission(s) Data Record (AOCD)	17
Sentence/Judgment Data Record (SJ)	18
Certification Data Record (CERT)	19
Entity Internal Report Reference Data Record (ER)	20
Customer Use Data Record (CUSE)	21
Trailer Data Record (TRLR)	22

2.3.1.2 Individual Subject Submission File Data Record Ordering for Void Reports

The following table denotes the order in which data records must be submitted for Void reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-2: Individual Subjects Submission File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Individual Subject Data Record (SIS)	3
Certification Data Record (CERT)	4
Customer Use Data Record (CUSE)	5
Trailer Data Record (TRLR)	6

2.3.1.3 Individual Subject Submission File Formats for Notice of Appeal Reports

The following table denotes the order in which data records must be submitted for Notice of Appeal reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-3: Individual Subjects Submission File Data Record Ordering for Notice of Appeal Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Individual Subject Data Record (SIS)	3
Action on Appeal Data Record (APEAL)	4
Certification Data Record (CERT)	5
Customer Use Data Record (CUSE)	6
Trailer Data Record (TRLR)	7

2.3.2 Organization Subject Submission File Formats

This section provides the file formats for report transactions involving organization subjects. Table 2-4 denotes the order and the mandatory data records for Initial, Correction and Revision to Action file formats. Table 2-5 denotes the order and the mandatory data records for Void Report file formats. Table 2-6 denotes the order and the mandatory data records for Notice of Appeal Report file formats.

2.3.2.1 Organization Subject Submission File Formats for Initial, Correction, and Revision to Action Reports

The following table denotes the order in which data records must be submitted for Initial, Correction and Revision to Action reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-4: Organization Subject Submission File Data Record Ordering for Initial, Correction, and Revision to Action Reports

Data Records	Order
Header Data Record (HDR)	1
JO CR Type Data Record (JO CRT)	2
Organization Subject Data Record (ESUBJ)	3
Other Organization Name(s) Used Data Record (OENAM)	4
Social Security Number Data Record (SSN)	5
Individual Taxpayer Identification Number Data Record (ITIN)	6
Federal Employer Identification Number Data Record (FEIN)	7
National Provider Identifier Data Record (NPI)	8
Principal Officers and Owners Data Record (POO)	9
Organization Subject State License Number Data Record (ESLN)	10
Medicare Provider/Supplier Numbers Data Record (MEDICAREP)	11
Drug Enforcement Administration Data Record (DEA)	12
Affiliations Data Record (AFF)	13
Judgment or Conviction Data Record (JO CR)	14
Action on Appeal Data Record (APEAL)	15
Investigation Data Record (INVTG)	16
Statutory Offenses and Counts Data Record (STATOC)	17
Act(s) or Omission(s) Data Record (AOCD)	18
Sentence/Judgment Data Record (SJ)	19
Certification Data Record (CERT)	20
Entity Internal Report Reference Data Record (ER)	21
Customer Use Data Record (CUSE)	22
Trailer Data Record (TRLR)	23

2.3.2.2 Organization Subject Submission File Formats for Void Reports

The following table denotes the order in which data records must be submitted for Void reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-5: Organization Subjects Submission File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Organization Subject Data Record (SES)	3
Certification Data Record (CERT)	4
Customer Use Data Record (CUSE)	5
Trailer Data Record (TRLR)	6

2.3.2.3 Organization Subject Submission File Formats for Notice of Appeal Reports

The following table denotes the order and which data records must be submitted for Notice of Appeal reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-6: Organization Subjects Submission File Data Record Ordering for Notice of Appeal Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Organization Subject Data Record (SES)	3
Action on Appeal Data Record (APEAL)	4
Certification Data Record (CERT)	5
Customer Use Data Record (CUSE)	6
Trailer Data Record (TRLR)	7

2.4 Response (Output) File Formats

This section provides the file formats for receiving JOCR response files from the HIPDB. (Only those reporters who submit JOCR information via the ITP will receive response files.) Different data records are returned for report responses on organization subjects. Section 2.4.1 describes the formats for receiving report responses on individuals. Section 2.4.2 describes the formats for receiving report responses on organizations.

2.4.1 Individual Subject Response File Formats

This section provides the response file formats for report transactions involving individual subjects. Table 2-7 denotes the order in which the data records that constitute Initial, Correction, Notice of Appeal and Revision to Action responses are returned. Table 2-8 denotes the order in which the data records that constitute Void Report responses are returned. The response to an electronic report transaction contains a fixed number of data records.

2.4.1.1 Individual Subject Response File Formats for Initial, Correction, Notice of Appeal and Revision to Action Reports

The following table denotes the order in which data records are returned in a response file for Initial, Correction, Notice of Appeal and Revision to Action reports for individual subjects. The format for each data record is listed in Section 3.

Table 2-7: Individual Subject Response File Data Record Ordering for Initial, Correction, Notice of Appeal and Revision to Action Reports

Data Records	Order
Header Data Record (HDR)	1
Record Status Data Record (RSTA)	2
JOCR Type Data Record (JOCRT)	3
Individual Subject Data Record (ISUBJ)	4
Drug Enforcement Administration Data Record (DEA)	5
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	6
Other Name(s) Used Data Record (ALIAS)	7
Social Security Number Data Record (SSN)	8
Individual Taxpayer Identification Number Data Record (ITIN)	9
Federal Employer Identification Number Data Record (FEIN)	10
National Provider Identifier Data Record (NPI)	11
Unique Physician Identification Number Data Record (UPIN)	12
Affiliations Data Record (AFF)	13
Judgment or Conviction Data Record (JOCR)	14
Action on Appeal Data Record (APEAL)	15
Investigation Data Record (INVTG)	16
Statutory Offenses and Counts Data Record (STATOC)	17
Act(s) or Omission(s) Data Record (AOCD)	18
Sentence/Judgment Data Record (SJ)	19
Previous DCN Data Record (PDCN)*	20
Report Statement Data Record (RSDR)	21
Certification Data Record (CERT)	22
Report Point of Contact Data Record (RPOC)	23
Individual Supplemental Information Data Record (ISUPPL)	24
Entity Internal Report Reference Data Record (ER)	25
Customer Use Data Record (CUSE)	26
Trailer Data Record (TRLR)	27

*Only used with Correction, Notice of Appeal and Revision to Action responses.

2.4.1.2 Individual Subject Response File Formats for Void Reports

The following table denotes the order in which data records are returned in a response file for Void reports on Individual Subjects. The format for each data record is listed in Section 3.

Table 2-8: Individual Subjects Response File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Record Status Data Record (RSTA)	2
Short Individual Subject Data Record (SIS)	3
Previous DCN Data Record (PDCN)	4
Certification Data Record (CERT)	5
Report Point of Contact Data Record (RPOC)	6
Customer Use Data Record (CUSE)	7
Trailer Data Record (TRLR)	8

2.4.2 Organization Subject Response File Formats

This section provides the response file formats for report transactions involving organization subjects. Table 2-9 denotes the order in which the data records that constitute Initial, Correction, Notice of Appeal and Revision to Action Report responses are returned. Table 2-10 denotes the order in which the data records that constitute Void Report responses are returned. The response to an electronic report transaction contains a fixed number of data records.

2.4.2.1 Organization Subject Response File Format for Initial, Correction, Notice of Appeal and Revision to Action Response Reports

The following table denotes the order in which data records are returned in a response file for Initial, Correction, Notice of Appeal and Revision to Action reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-9: Organization Subject Response File Data Record Ordering for Initial, Correction, Notice of Appeal and Revision to Action Reports

Data Records	Order
Header Data Record (HDR)	1
Record Status Data Record (RSTA)	2
JOJR Type Data Record (JOJRT)	3
Organization Subject Data Record (ESUBJ)	4
Drug Enforcement Administration Data Record (DEA)	5
Organization Subject State License Number Data Record (ESLN)	6
Other Organization Name(s) Used Data Record (OENAM)	7
Social Security Number Data Record (SSN)	8
Individual Taxpayer Identification Number Data Record (ITIN)	9
Federal Employer Identification Number Data Record (FEIN)	10
National Provider Identifier Data Record (NPI)	11
Medicare Provider/Supplier Numbers Data Record (MEDICAREP)	12
Principal Officers and Owners Data Record (POO)	13
Affiliations Data Record (AFF)	14
Judgment or Conviction Data Record (JOJR)	15
Action on Appeal Data Record (APEAL)	16
Investigation Data Record (INVTG)	17
Statutory Offenses and Counts Data Record (STATOC)	18
Act(s) or Omission(s) Data Record (AOCD)	19
Sentence/Judgment Data Record (SJ)	20
Previous DCN Data Record (PDCN)*	21
Report Statement Data Record (RSDR)	22
Certification Data Record (CERT)	23
Report Point of Contact Data Record (RPOC)	24
Organization Supplemental Information Data Record (ESUPPL)	25
Entity Internal Report Reference Data Record (ER)	26
Customer Use Data Record (CUSE)	28
Trailer Data Record (TRLR)	28

*Only used with Correction, Notice of Appeal, and Revision to Action file formats

2.4.2.2 Organization Subject Response File Formats for Void Reports

The following table denotes the order in which data records are returned in a response file for Void reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-10: Organization Subjects Response File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Record Status Data Record (RSTA)	2
Short Organization Subject Data Record (SES)	3
Previous DCN Data Record (PDCN)	4
Certification Data Record (CERT)	5
Report Point of Contact Data Record (RPOC)	6
Customer Use Data Record (CUSE)	7
Trailer Data Record (TRLR)	8

3. Transaction File Data Records

This section describes the format and content of individual data records within a transaction file. Data record formats are defined separately from the transaction file formats; a single data record may be used in multiple transaction file formats. To determine which data records are required for processing a specific type of transaction, refer to Section 2.3.1 and 2.4.1, individual subject submission file and response formats, and Section 2.3.2 and 2.4.2, organization subject submission file and response formats.

All fields in a data record are either mandatory or mandatory if known, depending on the type of subject being reported. Mandatory fields must be completed or the report **will be rejected**. If a data field is mandatory if known, and the reporting organization does not have the information, the field may be left blank rather than contain a default value. A data field that contains calendar date values must either contain a valid date or be blank if the date is not mandatory.

Tables 3-1 through 3-35 list which fields are mandatory, mandatory if known, and not applicable. The Status column indicates “M” for mandatory or “I” for mandatory if known fields.

Data must follow the specified type according to the following codes:

A = Alphanumeric

C = Code (refer to the appropriate code list in Section 4)

D = Date (MMDDYYYY) unless noted otherwise

N = Numeric

T = Tag

Unless otherwise noted, the specified field width represents the maximum number of characters allowed for the field. **All fields larger than the specified field width will be truncated.** Data values that are shorter than the specified field width should **not** be padded with additional characters. **Reports submitted using an incorrect format or codes will be rejected.**

Table 3-1: Act(s) or Omission(s) Data Record (AOCD)

Field	Field Type	Field Width	Description	Status
AOCD~	T	4	Tag for Act(s) or Omission(s) Data Record - "AOCD."	M
ACT_OR_CODE1~	C	3	Code that describes the subject's Act or Omission. (Refer to Section 4, List G for codes.)	M
O_ACT_OR_OMIS_DESC1~	A	40	Other Act or Omission Description. This field must be completed only if Act or Omission Code "999," Other, is specified above. If so, describe the nature of the act or omission.	I
ACT_OR_CODE2~	C	3	Second code that describes the subject's Act or Omission. (Refer to Section 4, List G for codes.)	I
O_ACT_OR_OMIS_DESC2~	A	40	Second Other Act or Omission Description. This field must be completed only if Act or Omission Code "999," Other, is specified above. If so, describe the nature of the act or omission.	I
ACT_OR_CODE3~	C	3	Third code that describes the subject's Act or Omission. (Refer to Section 4, List G for codes.)	I
O_ACT_OR_OMIS_DESC3~	A	40	Third Other Act or Omission Description. This field must be completed only if Act or Omission Code "999," Other, is specified above. If so, describe the nature of the act or omission.	I
ACT_OR_CODE4~	C	3	Fourth code that describes the subject's Act or Omission. (Refer to Section 4, List G for codes.)	I
O_ACT_OR_OMIS_DESC4~	A	40	Fourth Other Act or Omission Description. This field must be completed only if Act or Omission Code "999," Other, is specified above. If so, describe the nature of the act or omission.	I
ACT_OR_CODE5~	C	3	Fifth code that describes the subject's Act or Omission. (Refer to Section 4, List G for codes.)	I
O_ACT_OR_OMIS_DESC5~	A	40	Fifth Other Act or Omission Description. This field must be completed only if Act or Omission Code "999," Other, is specified above. If so, describe the nature of the act or omission.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-2: Action on Appeal Data Record (APEAL)

Field	Field Type	Field Width	Description	Status
APEAL~	T	5	Tag for Action on Appeal Data Record - "APEAL."	M
ON_APEAL~	C	1	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown.	M
APPEAL_DATE~	D	8	Date action was appealed in MMDDYYYY format.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-3: Affiliations Data Record (AFF)

Field	Field Type	Field Width	Description	Status
AFF~	T	3	Tag for Affiliations Data Record - "AFF."	M
NAME1~	A	40	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	I*
ADDR1_1~	A	40	First line of affiliate's/associate's business address.	I
ADDR2_1~	A	40	Second line of address.	I
CITY1~	A	28	City.	I*
STATE1~	C	2	If State or territory is in U.S.A. Refer to Section 4, List A for State codes.	I*
CNTRY1~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I*
ZIP5_1~	A	5	ZIP code.	I
ZIP4_1~	A	4	4-digit ZIP code extension.	I
NRS1~	C	3	Nature of Subject's Relationship to Affiliate/Associate code. (Refer to Section 4, List E for Individual subjects or List F for Organization subjects.)	I*
O_NRS1~	A	40	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to Affiliate code "999," Other, is specified above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, this field should be left blank.	I
NAME2~	A	40	Name of second health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	I*
ADDR1_2~	A	40	First line of second affiliate's/associate's business address.	I
ADDR2_2~	A	40	Second line of second address.	I
CITY2~	A	28	Second City.	I*
STATE2~	C	2	If State or territory is in U.S.A. Refer to Section 4, List A for State codes.	I*
CNTRY2~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I*
ZIP5_2~	A	5	Second ZIP code.	I

Field	Field Type	Field Width	Description	Status
ZIP4_2~	A	4	Second 4-digit ZIP code extension.	I
NRS2~	C	3	Nature of Subject's Relationship to second Affiliate/Associate code. (Refer to Section 4, List E for Individual subjects or List F for Organization subjects.)	I*
O_NRS2~	A	40	Other Nature of Subject's Relationship to second Affiliate. Complete only if Nature of Subject's Relationship to Affiliate code "999," Other, is specified above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, this field should be left blank.	I
NAME3~	A	40	Third name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	I*
ADDR1_3~	A	40	First line of third affiliate's/associate's business address.	I
ADDR2_3~	A	40	Second line of third address.	I
CITY3~	A	28	Third City.	I*
STATE3~	C	2	If State or territory is in U.S.A. (Refer to Section 4, List A for State codes.)	I*
CNTRY3~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I*
ZIP5_3~	A	5	Third ZIP code.	I
ZIP4_3~	A	4	Third 4-digit ZIP code extension.	I
NRS3~	C	3	Nature of Subject's Relationship to third Affiliate/Associate code. (Refer to Section 4, List E for Individual subjects or List F for Organization subjects.)	I*
O_NRS3~	A	40	Other Nature of Subject's Relationship to third Affiliate. Complete only if Nature of Subject's Relationship to Affiliate code "999," Other, is specified above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, this field should be left blank.	I
NAME4~	A	40	Fourth name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	I*
ADDR1_4~	A	40	First line of fourth affiliate's/associate's business address.	I
ADDR2_4~	A	40	Second line of fourth address.	I
CITY4~	A	28	Fourth City.	I*
STATE4~	C	2	If State or territory is in U.S.A. (Refer to Section 4, List A for State codes.)	I*
CNTRY4~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I*
ZIP5_4~	A	5	Fourth ZIP code.	I
ZIP4_4~	A	4	Fourth 4-digit ZIP code extension.	I
NRS4~	C	3	Nature of Subject's Relationship to fourth Affiliate/Associate code. (Refer to Section 4, List E for Individual subjects or List F for Organization subjects.)	I*

Field	Field Type	Field Width	Description	Status
O_NRS4~	A	40	Other Nature of Subject's Relationship to fourth Affiliate. Complete only if Nature of Subject's Relationship to Affiliate code "999," Other, is specified above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, this field should be left blank.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** If the address or nature of subject's relationship with affiliate/associate is known, name of health care entity with which subject is affiliated or associated is mandatory.**

*** For an address, at minimum the city and state, or city and country are mandatory.**

Table 3-4: Certification Data Record (CERT)

Field	Field Type	Field Width	Description	Status
CERT~	T	4	Tag for Certification Data Record - "CERT."	M
CERT_NM~	A	40	Name of individual certifying transaction.	M*
CERT_TITLE~	A	40	Title of individual certifying transaction.	M
CERT_PHONE~	N	10	Telephone number of individual certifying transaction (include area code, no delimiters e.g., 7038029395).	M
CERT_EXT~	N	5	Telephone extension.	I
CERT_DATE~	D	8	Certification date in MMDDYYYY format.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***The individual certifying a transaction must be authorized to submit information to the Data Bank(s) on behalf of the eligible entity. This individual certifies that all transaction information is true and correct to the best of his or her knowledge.**

Table 3-5: Customer Use Data Record (CUSE)

Field	Field Type	Field Width	Description	Status
CUSE~	T	4	Tag for Customer Use Data Record - "CUSE."	M
CUSTOMER_USE_FIELD~	A	20	Identification record for use by the submitting entity. This data field does not appear on report output and will be returned without modification in the response file. This field may be used by the submitter to identify this transaction.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-6: Drug Enforcement Administration Data Record (DEA)

Field	Field Type	Field Width	Description	Status
DEA~	T	3	Tag Drug Enforcement Administration Data Record - "DEA."	M
DEA1~	A	12	Drug Enforcement Administration Number.	I
DEA2~	A	12	Second Drug Enforcement Administration Number.	I
DEA3~	A	12	Third Drug Enforcement Administration Number.	I
DEA4~	A	12	Fourth Drug Enforcement Administration Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-7: Entity Internal Report Reference Data Record (ER)

Field	Field Type	Field Width	Description	Status
ER~	T	2	Tag for Entity Internal Report Reference Data Record - "ER"	M
ENTITY_REF~	A	20	Entity Internal Report Reference. This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to queriers.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-8: Federal Employer Identification Number Data Record (FEIN)

Field	Field Type	Field Width	Description	Status
FEIN~	T	4	Tag for Federal Employer Identification Number Data Record - "FEIN."	M
FEIN1~	N	9	Federal Employer Identification Number.	M*
FEIN2~	N	9	Second Federal Employer Identification Number.	I
FEIN3~	N	9	Third Federal Employer Identification Number.	I
FEIN4~	N	9	Fourth Federal Employer Identification Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For reports on Individual Subjects, this field is "Mandatory If Known."**

*** For reports on Organization Subjects, this field is mandatory if Social Security Number and Individual Taxpayer Identification Number are unknown.**

Table 3-9: Header Data Record (HDR)

Field	Field Type	Field Width	Description	Status
HDR~	T	3	Tag for Header Data Record - "HDR."	M
ENTITY_DBID~	N	15	Data Bank Identification Number (DBID) of Reporting Entity assigned by the Data Bank(s).	M
PASSWD~	A	14	Case-sensitive password assigned by the Data Bank(s). If the report is submitted by an agent, the password of the agent must be used. Otherwise, use the password of the reporting entity. The minimum length is 8.*	M
TRANS_CD~	C	2	Transaction type code J2, J4, J5, J6, J7, J8 or J9. (Refer to Section 4, List J for details.)	M
VER_NUM~	T	5	Use "R8.0" to indicate ICD version.	M
SUBMISSION_FILENAME~	A	12	Unique identifying file name (user-defined).	M
SUBMISSION_FILEDATE~	D	8	Date of input file in MMDDYYYY format.	M
AGENT_DBID~	N	15	Agent DBID (if registered agent is submitting report). Complete only if a registered agent is reporting on behalf of the entity identified (ENTITY_DBID) above. In this case, the password must belong to the agent. If an agent is not submitting the report, leave this field blank.	M
USER_ID~	A	14	User ID of the individual submitting the report. This field is case sensitive.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***This field is case sensitive and can include special characters such as: !, @, #, \$, %, ^, &, *, (,), -, _, =, +, [,], {, }, |, ;, :, ,, , , <, >**

Table 3-10: Individual Subject Data Record (ISUBJ)

Field	Field Type	Field Width	Description	Status
ISUBJ~	T	5	Tag for Individual Subject Data Record - "ISUBJ."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I
GENDER~	C	1	"M" = Male, "F" = Female, "U" = Unknown.	M
HOME_ADDR1~	A	40	First line of home address of record.	I*
HOME_ADDR2~	A	40	Second line of address.	I
HOME_CITY~	A	28	City.	I*
HOME_STATE~	C	2	If State or territory is in U.S.A. Refer to Section 4, List A for State codes.	I*
HOME_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
HOME_ZIP5~	A	5	ZIP Code.	I*
HOME_ZIP4~	A	4	4-digit ZIP Code extension.	I
ORG_NAME~	A	50	Name of organization where subject works.	I

Field	Field Type	Field Width	Description	Status
ORG_TYPE~	C	3	Type of organization code where subject works. (Refer to Section 4, List B for codes.)	M
ORG_TYPE_DESC~	A	100	Organization type description. Complete only if Type of Organization Code "999," Other, is specified above. If so, describe the type of organization. Otherwise, leave this field blank.	I
WORK_ADDR1~	A	40	First line of street address where subject works.	M*
WORK_ADDR2~	A	40	Second line of address.	I
WORK_CITY~	A	28	City.	M*
WORK_STATE~	C	2	If State or territory is inside U.S.A. (Refer to Section 4, List A for State codes.)	M*
WORK_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
WORK_ZIP5~	A	5	ZIP Code.	M*
WORK_ZIP4~	A	4	4-digit ZIP Code extension.	I
DOB~	D	8	Date of birth in MMDDYYYY format.	M
DECEASED~	C	1	Is the subject deceased? "Y" = Yes, "N" = No, "U" = Unknown.	I
DECEASED_DATE~	D	8	If the subject is deceased, enter the date of death in MMDDYYYY format.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* If the work address is unknown or the subject is unemployed, a home address is mandatory.

Table 3-11: Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

Field	Field Type	Field Width	Description	Status
ISOFL~	T	5	Tag for Individual Subject Occupation/Field(s) of Licensure Data Record - "ISOFL."	M
ISOFL_FLD1~	C	3	Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.) Provide the Occupation/Field of Licensure code most closely associated with the judgment or conviction action being reported.	M
O_ISOFL_DESCRIPTION1~	A	60	Other Occupation/Field of Licensure. Complete only if Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR1~	A	16	State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST1~	C	2	State of licensure. (Refer to Section 4, List A for State codes.)	I

Field	Field Type	Field Width	Description	Status
SPECIALTY1~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	I*
ISOFL_FLD2~	C	3	Second Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION2~	A	60	Other Occupation/Field of Licensure. Complete only if second Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR2~	A	16	Second State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST2~	C	2	State of licensure for second State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY2~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., second Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD3~	C	3	Third Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION3~	A	60	Other Occupation/Field of Licensure. Complete only if third Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR3~	A	16	Third State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST3~	C	2	State of licensure for third State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY3~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., third Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD4~	C	3	Fourth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION4~	A	60	Other Occupation/Field of Licensure. Complete only if fourth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I

Field	Field Type	Field Width	Description	Status
ISOFL_NBR4~	A	16	Fourth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST4~	C	2	State of licensure for fourth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY4~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., fourth Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD5~	C	3	Fifth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION5~	A	60	Other Occupation/Field of Licensure. Complete only if fifth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR5~	A	16	Fifth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST5~	C	2	State of licensure for fifth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY5~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., fifth Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD6~	C	3	Sixth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION6~	A	60	Other Occupation/Field of Licensure. Complete only if sixth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR6~	A	16	Sixth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST6~	C	2	State of licensure for sixth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY6~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., sixth Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*

Field	Field Type	Field Width	Description	Status
ISOFL_FLD7~	C	3	Seventh Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION7~	A	60	Other Occupation/Field of Licensure. Complete only if seventh Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR7~	A	16	Seventh State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST7~	C	2	State of licensure for seventh State license. Refer to Section 4, List A for State codes.	I
SPECIALTY7~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., seventh Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD8~	C	3	Eighth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION8~	A	60	Other Occupation/Field of Licensure. Complete only if eighth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR8~	A	16	Eighth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST8~	C	2	State of licensure for eighth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY8~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., eighth Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD9~	C	3	Ninth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION9~	A	60	Other Occupation/Field of Licensure. Complete only if ninth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR9~	A	16	Ninth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I

Field	Field Type	Field Width	Description	Status
ISOFL_ST9~	C	2	State of licensure for ninth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY9~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*
ISOFL_FLD10~	C	3	Tenth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	I
O_ISOFL_DESCRIPTION10~	A	60	Other Occupation/Field of Licensure. Complete only if tenth Occupation/Field of Licensure "699" or "899," Other, is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR10~	A	16	Tenth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST10~	C	2	State of licensure for tenth State license. (Refer to Section 4, List A for State codes.)	I
SPECIALTY10~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., tenth Occupation /Field of Licensure code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D for Specialty codes.)	I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** The specialty field is applicable only to subjects who are physicians and dentists. This field should be left blank on reports for which the subject is neither a physician nor a dentist.**

Table 3-12: Individual Supplemental Information Data Record (ISUPPL)

Field	Field Type	Field Width	Description
ISUPPL~	T	6	Tag for Individual Supplemental Information Data Record - "ISUPPL."
DECEASED_DT~	D	8	Date of death in MMDDYYYY format.
LNAME1~	A	25	Last name of subject.
FNAME1~	A	15	First name of subject.
MNAME1~	A	15	Middle name of subject.
SUFFIX1~	A	5	Suffix (e.g., JR, SR, III).
LNAME2~	A	25	Second provided last name of subject.
FNAME2~	A	15	Second provided first name of subject.
MNAME2~	A	15	Second provided middle name of subject.
SUFFIX2~	A	5	Second provided suffix (e.g., JR, SR, III).
LNAME3~	A	25	Third provided last name of subject.
FNAME3~	A	15	Third provided first name of subject.
MNAME3~	A	15	Third provided middle name of subject.
SUFFIX3~	A	5	Third provided suffix (e.g., JR, SR, III).
LNAME4~	A	25	Fourth provided last name of subject.
FNAME4~	A	15	Fourth provided first name of subject.
MNAME4~	A	15	Fourth provided middle name of subject.
SUFFIX4~	A	5	Fourth provided suffix (e.g., JR, SR, III).
LNAME5~	A	25	Fifth provided last name of subject.
FNAME5~	A	15	Fifth provided first name of subject.
MNAME5~	A	15	Fifth provided middle name of subject.
SUFFIX5~	A	5	Fifth provided suffix (e.g., JR, SR, III).

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-13: Investigating Agencies Data Record (INVTG)

Field	Field Type	Field Width	Description	Status
INVTG~	T	5	Tag for Investigating Agencies Data Record - "INVTG."	M
I_AGENCY1~	A	40	Investigating agency name.	I
A_CASE_NUMBER1~	A	15	Case number used by investigating agency.	I
I_AGENCY2~	A	40	Second investigating agency name.	I
A_CASE_NUMBER2~	A	15	Case number used by second investigating agency.	I
I_AGENCY3~	A	40	Third investigating agency name.	I
A_CASE_NUMBER3~	A	15	Case number used by third investigating agency.	I
I_AGENCY4~	A	40	Fourth investigating agency name.	I
A_CASE_NUMBER4~	A	15	Case number used by fourth investigating agency.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-14: Individual Taxpayer Identification Number Data Record (ITIN)

Field	Field Type	Field Width	Description	Status
ITIN~	T	4	Tag for Individual Taxpayer Identification Number Data Record - "ITIN."	M
ITIN1~	N	9	Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	M*
ITIN2~	N	9	Second Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I
ITIN3~	N	9	Third Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I
ITIN4~	N	9	Fourth Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For reports on Individual Subjects, this field is mandatory if Social Security Number is unknown.**

*** For reports on Organization Subjects, this field is mandatory if Federal Employer Identification Number and Social Security Number are unknown.**

Table 3-15: Judgment or Conviction Type Data Record (JOCRT)

Field	Field Type	Field Width	Description	Status
JOCRT~	T	5	Tag for Judgment or Conviction Type Data Record - "JOCRT."	M
JOCR_SUBJECT_TYPE~	C	1	Type of Subject "I" = Individual "E" = Entity (i.e., Organization Subject).	M
RESERVED/RPT_TYPE~	C	0/1	Valid for responses only. Type of report - "I" = Initial, "C" = Correction, "R" = Revision to Action. For submissions, this is a reserved field, leave blank.	M*
RESERVED/ORIG_DT~	D	0/8	Valid for responses only. Date of original submission. For submissions, this is a reserved field, leave blank.	M*
RESERVED/REC_DT~	D	0/8	Valid for responses only. Date of most recent change. For submissions, this is a reserved field, leave blank.	M*
RESERVED/TITLE_IV~**	C	0/1	Valid for responses only. This report is maintained by the NPDB for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*
RESERVED~		0	Reserved field; leave blank .	M*
RESERVED/1128E~**	C	0/1	Valid for responses only. This report is maintained by the HIPDB under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*
RESERVED/NPDB_FL~	C	0/1	Valid for responses only. This report is maintained by NPDB. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*
RESERVED/HIPDB_FL~	C	0/1	Valid for responses only. This report is maintained by HIPDB. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* **For submissions, it is mandatory that this field is left blank. It is not mandatory that this field appears in response files.**

**These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.

Table 3-16: Judgment or Conviction Data Record (JOCR)

Field	Field Type	Field Width	Description	Status
JOCR~	T	4	Tag for Judgment or Conviction Data Record - "JOCR."	M
PREV_DCN~	N	16	On input, this field is only applicable for report corrections and revisions and should contain the DCN of the report to be corrected or revised. If submitting an initial report, leave this field blank. For report responses, this field will contain the new DCN assigned to the submitted report.	M
VENUE~	A	40	Venue (court) name.	M
VENUE_TYPE~	C	1	Jurisdiction of the court or venue "S" = State/Local Court "F" = Federal Court.	M
C_CITY~	A	28	City of court.	M
C_STATE~	C	2	State of court. (Refer to Section 4, List A for State codes.)	M
DC_FILE_NUMBER~	A	15	Docket/Court File Number.	M
PAGENT_CPLAINTIFF~	A	40	Prosecuting agency or civil plaintiff.	M
P_CASE_NUMBER~	A	15	Case number used by prosecuting agency or plaintiff.	I
TYPE_OF_ACTION~	C	2	Type of action code. (Refer to Section 4, List H for action codes.)	M
NARRATIVE_DESC~	A	2000	Narrative description of act(s) or omission(s).	M
DATE_JS~	D	8	Date of Judgment/Sentence in MMDDYYYY format. *	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* The HIPDB will not accept any report with a Date of Judgment/Sentence prior to August 21, 1996.

Table 3-17: Medicare Provider/Supplier Numbers Data Record (MEDICAREP)

Field	Field Type	Field Width	Description	Status
MEDICAREP~	T	9	Tag for Medicare Provider/Supplier Numbers Data Record - "MEDICAREP."	M
NUMBER1~	A	15	Medicare Provider/Supplier Number.	I
NUMBER2~	A	15	Second Medicare Provider/Supplier Number.	I
NUMBER3~	A	15	Third Medicare Provider/Supplier Number.	I
NUMBER4~	A	15	Fourth Medicare Provider/Supplier Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-18: National Provider Identifier Data Record (NPI)

Field	Field Type	Field Width	Description	Status
NPI~	T	3	Tag for National Provider Identifier Data Record - "NPI."	M
NPI1~	N	10	National Provider Identifier number.	I
NPI2~	N	10	Second National Provider Identifier number.	I
NPI3~	N	10	Third National Provider Identifier number.	I
NPI4~	N	10	Fourth National Provider Identifier number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-19: Organization Subject Data Record (ESUBJ)

Field	Field Type	Field Width	Description	Status
ESUBJ~	T	5	Tag for Organization Subject Data Record - "ESUBJ."	M
ORG_NAME~	A	50	Organization name.	M
ORG_ADDR1~	A	40	First line of business address.	M
ORG_ADDR2~	A	40	Second line of address.	I
ORG_CITY~	A	28	City.	M
ORG_STATE~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	M
ORG_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
ORG_ZIP5~	A	5	ZIP code.	M
ORG_ZIP4~	A	4	4-digit ZIP code extension.	I
ORG_TYPE~	C	3	Type of Organization Code. (Refer to Section 4, List B for codes.)	M
ORG_OTHER_TYPE~	A	100	Other organization type. Complete only if Type of Organization Code "999," Other, is selected above. Specify the type of organization. Otherwise, leave this field blank.	I
RESERVED~		0	Reserved field; leave blank.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-20: Organization Subject State License Number Data Record (ESLN)

Field	Field Type	Field Width	Description	Status
ESLN~	T	4	Tag for Organization Subject State License Number Data Record - "ESLN."	M
ESLNNUMBER1~	A	16	State License Number. (If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE.")	I
ESLNSTATE1~	C	2	State of license. (Refer to Section 4, List A for State codes.)	I
ESLNNUMBER2~	A	16	Second State License Number. (If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE.")	I
ESLNSTATE2~	C	2	State of license for second State license. (Refer to Section 4, List A for State codes.)	I
ESLNNUMBER3~	A	16	Third State License Number. (If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE.")	I
ESLNSTATE3~	C	2	State of license for third State license. (Refer to Section 4, List A for State codes.)	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-21: Organization Supplemental Information Data Record (ESUPPL)

Field	Field Type	Field Width	Description
ESUPPL~	T	6	Tag for Organization Supplemental Information Data Record - "ESUPPL."
ORG_NAME1~	A	50	Other organization name of subject.
ORG_NAME2~	A	50	Second other organization name of subject.
ORG_NAME3~	A	50	Third other organization name of subject.
ORG_NAME4~	A	50	Fourth other organization name of subject.
ORG_NAME5~	A	50	Fifth other organization name of subject.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-22: Other Name(s) Used Data Record (ALIAS)

Field	Field Type	Field Width	Description	Status
ALIAS~	T	5	Tag for Other Name(s) Used Data Record - "ALIAS."	M
LNAME1~	A	25	Other last name used by subject.*	I
FNAME1~	A	15	Other first name used by subject.*	I
MNAME1~	A	15	Other middle name used by subject.	I
SUFFIX1~	A	4	Other suffix (e.g., JR, SR, III).	I
LNAME2~	A	25	Second other last name used by subject.*	I
FNAME2~	A	15	Second other first name used by subject.*	I
MNAME2~	A	15	Second other middle name used by subject.	I
SUFFIX2~	A	4	Second other suffix (e.g., JR, SR, III).	I
LNAME3~	A	25	Third other last name used by subject.*	I
FNAME3~	A	15	Third other first name used by subject.*	I
MNAME3~	A	15	Third other middle name used by subject.	I
SUFFIX3~	A	4	Third other suffix (e.g., JR, SR, III).	I
LNAME4~	A	25	Fourth other last name used by subject.*	I
FNAME4~	A	15	Fourth other first name used by subject.*	I
MNAME4~	A	15	Fourth other middle name used by subject.	I
SUFFIX4~	A	4	Fourth other suffix (e.g., JR, SR, III).	I
LNAME5~	A	25	Fifth other last name used by subject.*	I
FNAME5~	A	15	Fifth other first name used by subject.*	I
MNAME5~	A	15	Fifth other middle name used by subject.	I
SUFFIX5~	A	4	Fifth other suffix (e.g., JR, SR, III).	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* When specifying other names used information, both first name and last name must be provided.

Table 3-23: Other Organization Name(s) Used Data Record (OENAM)

Field	Field Type	Field Width	Description	Status
OENAM~	T	5	Tag for Other Organization Name(s) Used Data Record - "OENAM."	M
ORG_NAME1~	A	50	Other organization name.	I
ORG_NAME2~	A	50	Second other organization name.	I
ORG_NAME3~	A	50	Third other organization name.	I
ORG_NAME4~	A	50	Fourth other organization name.	I
ORG_NAME5~	A	50	Fifth other organization name.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-24: Previous DCN Data Record (PDCN)

Field	Field Type	Field Width	Description	Status
PDCN~	T	4	Tag for Previous DCN Data Record - "PDCN."	M
PREV_DCN~	N	16	Data Bank Control Number of Corrected, Revised, or Voided report.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-25: Principal Officers and Owners Data Record (POO)

Field	Field Type	Field Width	Description	Status
POO~	T	3	Tag for Principal Officers and Owners Data Record - "POO."	M
LNAME1~	A	25	Last name of Principal Officer or Owner.	I
FNAME1~	A	15	First name of Principal Officer or Owner.	I
MNAME1~	A	15	Middle name of Principal Officer or Owner.	I
SUFFIX1~	A	4	Suffix (e.g., JR, SR, III).	I
TITLE1~	A	40	Title of Principal Officer or Owner.	I
LNAME2~	A	25	Last name of second Principal Officer or Owner.	I
FNAME2~	A	15	First name of second Principal Officer or Owner.	I
MNAME2~	A	15	Middle name of second Principal Officer or Owner.	I
SUFFIX2~	A	4	Suffix (e.g., JR, SR, III).	I
TITLE2~	A	40	Title of second Principal Officer or Owner.	I
LNAME3~	A	25	Last name of third Principal Officer or Owner.	I
FNAME3~	A	15	First name of third Principal Officer or Owner.	I
MNAME3~	A	15	Middle name of third Principal Officer or Owner.	I
SUFFIX3~	A	4	Suffix (e.g., JR, SR, III).	I
TITLE3~	A	40	Title of third Principal Officer or Owner.	I
LNAME4~	A	25	Last name of fourth Principal Officer or Owner.	I
FNAME4~	A	15	First name of fourth Principal Officer or Owner.	I
MNAME4~	A	15	Middle name of fourth Principal Officer or Owner.	I
SUFFIX4~	A	4	Suffix (e.g., JR, SR, III).	I
TITLE4~	A	40	Title of fourth Principal Officer or Owner.	I
LNAME5~	A	25	Last name of fifth Principal Officer or Owner.	I
FNAME5~	A	15	First name of fifth Principal Officer or Owner.	I
MNAME5~	A	15	Middle name of fifth Principal Officer or Owner.	I
SUFFIX5~	A	4	Suffix (e.g., JR, SR, III).	I
TITLE5~	A	40	Title of fifth Principal Officer or Owner.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-26: Report Point of Contact Data Record (RPOC)

Field	Field Type	Field Width	Description
RPOC~	T	4	Tag for Report Point of Contact Data Record - "RPOC."
NAME_OFFICE~	A	40	The individual or office authorized as the point of contact on report output documents.
TITLE_DEPT~	A	40	Title or department of point of contact.
PHONE~	N	10	Telephone number.
PHONE_EXT~	N	5	Telephone extension.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Reporting entities may designate a point of contact when they update their entity registration information through the IQRS.

Table 3-27: Report Statement Data Record (RSDR)

Field	Field Type	Field Width	Description
RSDR~	T	4	Tag for Report Statement Data Record - "RSDR."
SUBJECT_STMT_DT~	D	8	Date statement was submitted by the subject in MMDDYYYY format.
SUBJECT_STMT_DT_STATUS~	C	1	Was the subject statement submitted for this version of the report or an earlier version? "Y" = The subject entered the statement contained in the SUBJECT_STMT field in response to this version of this report. "N" = The subject entered the statement contained in the SUBJECT_STMT in response to an earlier version of this report. The reporting entity changed the report after the subject prepared the statement. As of the date this report response was processed, the subject has not changed the statement in response to the changes in the report.
SUBJECT_STMT~	A	2000	Subject statement.
SECRETARY_STMT_DT~	D	8	Date Secretary statement was entered in MMDDYYYY format.
SECRETARY_STMT_DT_STATUS~	C	1	Was the secretary statement entered for this version of the report or an earlier version? "Y" = The Secretary of the Department of Health and Human Services reviewed this version of this report and entered the statement contained in the SECRETARY_STMT field. "N" = The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement contained in the SECRETARY_STMT field. After the Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.

Field	Field Type	Field Width	Description
SECRETARY_STMT~	A	2000	Secretary of the U.S. Department of Health and Human Services statement.
DISPUTE_FL~	C	1	Report dispute status. "N" = not in dispute, "Y" = in dispute, "S" = elevated to Secretarial Review, "R" = reviewed by Secretary.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-28: Sentence/Judgment Data Record (SJ)

Field	Field Type	Field Width	Description	Status
SJ~	T	2	Tag for Sentence/Judgment Data Record - "SJ."	M
RESTITUTION_AMOUNT~	N	12,2	Restitution amount in dollars and cents (do not include dollar sign, include decimal point; max value is 999999999.99).	I*
JUDGMENT_AMOUNT~	N	12,2	Other sentence/judgment amount ordered in dollars and cents (do not include dollar sign, include decimal point; max value is 999999999.99).	I*
INCARCERATION_YEARS~	N	2	Number of years of incarceration; leave blank if subject is an organization.	I*
INCARCERATION_MNTHS~	N	2	Number of months of incarceration; leave blank if subject is an organization.	I*
INCARCERATION_DAYS~	N	3	Number of days of incarceration; leave blank if subject is an organization.	I*
SUSPEND_SENT_YEARS~	N	2	Number of years of suspended sentence.	I*
SUSPEND_SENT_MNTHS~	N	2	Number of months of suspended sentence.	I*
SUSPEND_SENT_DAYS~	N	3	Number of days of suspended sentence.	I*
HOME_DETEN_YEARS~	N	2	Number of years of home detention; leave blank if subject is an organization.	I*
HOME_DETEN_MNTHS~	N	2	Number of months of home detention; leave blank if subject is an organization.	I*
HOME_DETEN_DAYS~	N	3	Number of days of home detention; leave blank if subject is an organization.	I*
PROBATION_YEARS~	N	2	Number of years of probation.	I*
PROBATION_MNTHS~	N	2	Number of months of probation.	I*
PROBATION_DAYS~	N	3	Number of days of probation.	I*
COMM_SERVICE_HOURS~	N	5	Number of hours of community service.	I*
OTHER~	A	160	Other court orders.	I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** At least one data field is required.**

Table 3-29: Short Individual Subject Data Record (SIS)

Field	Field Type	Field Width	Description	Status
SIS~	T	3	Tag for Short Individual Subject Data Record - "SIS."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-30: Short Organization Subject Data Record (SES)

Field	Field Type	Field Width	Description	Status
SES~	T	3	Tag for Short Organization Subject Data Record - "SES."	M
ORG_NAME~	A	50	Organization name.	M
ORG_CITY~	A	28	City.	M
ORG_STATE~	C	2	If State or territory is inside U.S.A. (Refer to Section 4, List A for State codes.)	M
ORG_CNTRY~	C	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-31: Social Security Number Data Record (SSN)

Field	Field Type	Field Width	Description	Status
SSN~	T	3	Tag for Social Security Number Data Record - "SSN."	M
SSN1~	N	9	Social Security Number of subject (do not include hyphens). Cannot be all zeros.	M*
SSN2~	N	9	Second Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I
SSN3~	N	9	Third Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I
SSN4~	N	9	Fourth Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For reports on Individual Subjects, this field is mandatory if Individual Taxpayer Identification Number is unknown.**

*** For reports on Organization Subjects, this field is mandatory if Federal Employer Identification Number and Individual Taxpayer Identification Number are unknown.**

Table 3-32: Statutory Offenses and Counts Data Record (STATOC)

Field	Field Type	Field Width	Description	Status
STATOC~	T	6	Tag for Statutory Offenses and Counts Data Record - "STATOC."	M
VIOLAT1~	A	80	Statute title and code section.	M
OFFENSE1~	A	80	Statutory offense description.	M
COUNT1~	N	3	Number of counts of violation.	M
VIOLAT2~	A	80	Second statute title and code section. Required if OFFENSE2 or COUNT2 is provided.	I
OFFENSE2~	A	80	Second statutory offense description. Required if VIOLAT2 or COUNT2 is provided.	I
COUNT2~	N	3	Number of counts of second violation. Required if VIOLAT2 or OFFENSE2 is provided.	I
VIOLAT3~	A	80	Third statute title and code section. Required if OFFENSE3 or COUNT3 is provided.	I
OFFENSE3~	A	80	Third statutory offense description. Required if VIOLAT3 or COUNT3 is provided.	I
COUNT3~	N	3	Number of counts of third violation. Required if VIOLAT3 or OFFENSE3 is provided.	I
VIOLAT4~	A	80	Fourth statute title and code section. Required if OFFENSE4 or COUNT4 is provided.	I
OFFENSE4~	A	80	Fourth statutory offense description. Required if VIOLAT4 or COUNT4 is provided.	I
COUNT4~	N	3	Number of counts of fourth violation. Required if VIOLAT4 or OFFENSE4 is provided.	I
VIOLAT5~	A	80	Fifth statute title and code section. Required if OFFENSE5 or COUNT5 is provided.	I
OFFENSE5~	A	80	Fifth statutory offense description. Required if VIOLAT5 or COUNT5 is provided.	I
COUNT5~	N	3	Number of counts of fifth violation. Required if VIOLAT5 or OFFENSE5 is provided.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-33: Trailer Data Record (TRLR)

Field	Field Type	Field Width	Description	Status
TRLR~	T	4	Tag for Trailer Data Record - "TRLR."	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-34: Transaction Status Data Record (RSTA)

Field	Field Type	Field Width	Description
RSTA~	A	4	Tag for Transaction Status Data Record - "RSTA."
DCN~	N	16	Data Bank Control Number assigned to this transaction.
PROCESS_DT~	D	8	Date transaction was processed in MMDDYYYY format.
FILE_TRANS_STATUS~	C	1	File status "R" = successfully processed, "F" = failed.
ER_CD~	C	2	Error code – A two-digit code indicating why the transaction was rejected and could not be processed. (See Section 4, List I.) This field will be repeated for each error found. The field is only present when an error is present. Files with no errors will not list this field nor will a placeholder be present.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-35: Unique Physician Identification Number Data Record (UPIN)

Field	Field Type	Field Width	Description	Status
UPIN~	T	4	Tag for Unique Physician Identification Number Data Record - "UPIN."	M
UPIN1~	A	6	Unique Physician Identification Number.	I
UPIN2~	A	6	Second Unique Physician Identification Number.	I
UPIN3~	A	6	Third Unique Physician Identification Number.	I
UPIN4~	A	6	Fourth Unique Physician Identification Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

4. Judgment or Conviction Report Code Lists

List A-1 State Abbreviations and U.S. Territories

AL Alabama	KY Kentucky	ND North Dakota
AK Alaska	LA Louisiana	OH Ohio
AZ Arizona	ME Maine	OK Oklahoma
AR Arkansas	MD Maryland	OR Oregon
CA California	MA Massachusetts	PA Pennsylvania
CO Colorado	MI Michigan	RI Rhode Island
CT Connecticut	MN Minnesota	SC South Carolina
DE Delaware	MS Mississippi	SD South Dakota
DC District of Columbia	MO Missouri	TN Tennessee
FL Florida	MT Montana	TX Texas
GA Georgia	NE Nebraska	UT Utah
HI Hawaii	NV Nevada	VT Vermont
ID Idaho	NH New Hampshire	VA Virginia
IL Illinois	NJ New Jersey	WA Washington
IN Indiana	NM New Mexico	WV West Virginia
IA Iowa	NY New York	WI Wisconsin
KS Kansas	NC North Carolina	WY Wyoming
AS American Samoa	GU Guam	PR Puerto Rico
FM Federated States of Micronesia	MP Northern Marianas	VI Virgin Islands
PW Palau		
AA Central and South America (Armed Forces)	AE Europe (Armed Forces)	AP Pacific (Armed Forces)

Please adhere to the following guidelines when entering foreign or military addresses:

Addresses for United States Territories:

- Enter Territory abbreviation in "State" field.

Addresses outside the United States or its territories:

- Leave the "State" field blank.
- Enter the city and/or province in the "City" field.
- Enter the Country Code in the "ZIP" fields - maximum 5 characters in first field, maximum 4 characters in the second field.
- Enter the country in the "Country" field.

Military Addresses:

- Enter APO in the "City" field.
- Enter AE, AA in the "State" field.
- Enter the ZIP code in the "ZIP" field.

Following State Codes are not valid for State of Licensure:

- AA Central and South America (Armed Forces)
- AE Europe (Armed Forces)
- AP Pacific (Armed Forces)

List A-2
APO/FPO Postal Codes*

APO/FPO Code	First 3 digits of ZIP Code	Geographic Area	APO/FPO Code	First 3 digits of ZIP Code	Geographic Area
AE - Europe	090-092	Germany	AA - Americas	340	Central, South Americas
	094	United Kingdom			
	095	Atlantic Ocean/ Mediterranean Sea Ships	AP - Pacific	962	Korea
	096	Italy, Spain		963	Japan
	097	Other Europe		964	Philippines
	098	Middle East, Africa		965	Other Pacific and Alaska
				966	Pacific and Indian Ocean Ships

* APO/FPO Codes (State Codes) are not valid for State of Licensure. Refer to List A-1.

List B

Type of Organization Codes

<p>Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optometric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice</p> <p>393 Home Health Agency/ Organization</p> <p>382 Hospice/Hospice Care Provider</p> <p>Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital</p> <p>Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit</p> <p>310 Laboratory/CLIA Laboratory</p>	<p>389 Nursing Facility/Skilled Nursing Facility</p> <p>370 Research Center/Facility</p> <p>Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/ Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/ Community Mental Health Center 388 Outpatient Rehabilitation Facility/ Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/ Program 396 Rural Health Clinic</p>	<p>Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization 336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan</p> <p>320 Health Insurance Company/Provider</p> <p>Health Care Supplier/Manufacturer 347 Biological Products Manufacturer 342 Blood Bank 343 Durable Medical Equipment Supplier 344 Eyewear Equipment Supplier 351 Fiscal/Billing/Management Agent 353 Nursing/Health Care Staffing Service 348 Organ Procurement Organization 345 Pharmacy 346 Pharmaceutical Manufacturer 349 Portable X-Ray Supplier 352 Purchasing Service</p> <p>390 Ambulance Service/Transportation Company</p> <p>999 Other Type - Not Classified, Specify, _____</p>
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List C-1 Occupation/Field of Licensure Codes

603 Chiropractor Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist Dental Service Provider 030 Dentist 035 Dental Resident 606 Dental Assistant 609 Dental Hygienist 612 Denturist Dietician/Nutritionist 200 Dietician 210 Nutritionist Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic Eye and Vision Service Provider 630 Ocularist 633 Optician 636 Optometrist Nurse/Advanced Practice Registered Nurse 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist Nurse Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide	Pharmacy Service Provider 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO) Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic Podiatric Service Provider 350 Podiatrist 648 Podiatric Assistant Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner Rehabilitative, Respiratory and Restorative Service Provider 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician 300 Social Worker Speech, Language and Hearing Service Provider 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid/Hearing Instrument Specialist	Technologist 500 Medical Technologist 505 Cytotechnologist 510 Nuclear Medicine Technologist 520 Radiation Therapy Technologist 530 Radiologic Technologist Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner - Not Classified, Specify, _____ Health Care Facility Administrator 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care Administrator Other Occupation 850 Accountant 853 Bookkeeper 822 Business Manager 830 Business Owner 820 Corporate Officer 810 Insurance Agent 812 Insurance Broker 800 Researcher, Clinical 840 Salesperson 899 Other Occupation - Not Classified, Specify, _____
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List C-2 Occupation/Field of Licensure Codes - Retired¹

135 Advanced Practice Nurse 370 Psychologist, Clinical

¹ Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal report responses.

List D Specialty Codes

Physician Specialties		73	Anatomic/Clinical Pathology
01	Allergy and Immunology	75	Radiology
03	Aerospace Medicine	76	Radiation Oncology
05	Anesthesiology	80	Colon and Rectal Surgery
10	Cardiovascular Diseases	81	General Surgery
13	Child Psychiatry	82	Neurological Surgery
20	Dermatology	83	Orthopedic Surgery
23	Diagnostic Radiology	84	Plastic Surgery
25	Emergency Medicine	85	Thoracic Surgery
29	Forensic Pathology	86	Urological Surgery
30	Gastroenterology	98	Other Specialty - Not Classified
33	General Practice/Family Practice	99	Unspecified
35	General Preventive Medicine		
37	Hospitalist		
39	Internal Medicine	Dental Specialties	
40	Neurology	D1	General Dentistry (No Specialty)
43	Neurology, Clinical Neurophysiology	D2	Dental: Public Health
45	Nuclear Medicine	D3	Endodontics
50	Obstetrics & Gynecology	D4	Oral and Maxillofacial Surgery
53	Occupational Medicine	D5	Oral and Maxillofacial Pathology
55	Ophthalmology	D6	Orthodontics and Dentofacial Orthopedics
59	Otolaryngology	D7	Pediatric Dentistry
60	Pediatrics	D8	Periodontics
63	Psychiatry	D9	Prosthodontics
65	Public Health	DA	Oral and Maxillofacial Radiology
67	Clinical Pharmacology	DB	Unknown
69	Physical Medicine & Rehabilitation		
70	Pulmonary Diseases		

List E Nature of Relationship - Individual Subjects

100	Subject is Owner/Partner of Affiliate or Associate	250	Subject is Contractor to Affiliate or Associate	400	Subject is Supplier to Affiliate or Associate
150	Subject is Manager/Supervisor/Director of Affiliate or Associate	300	Subject is Member of Affiliate or Associate's Network	450	Subject is Customer of Affiliate or Associate
200	Subject is Employee of Affiliate or Associate	350	Subject has Clinical Privileges With Affiliate or Associate	700	Subject is in Joint Venture With Affiliate or Associate
				999	Other Relationship - Not Classified, Specify, _____

List F
Nature of Relationship - Organization Subjects

250 Subject is Contractor to Affiliate or Associate	400 Subject is Supplier to Affiliate or Associate	600 Subject is Subsidiary of Affiliate or Associate
300 Subject is Member of Affiliate or Associate's Network	450 Subject is Customer of Affiliate or Associate	700 Subject is in Joint Venture With Affiliate or Associate
	500 Subject is Parent Organization of Affiliate or Associate	999 Other Relationship - Not Classified, Specify, _____

List G
Act or Omission Codes

200 Fraudulent Billing/Cost Reporting 205 Billing for Services Not Rendered/Supplies Not Provided 207 Misrepresentation of Services/ Supplies Provided 210 Duplicate Billing 220 Unbundling of Services 222 Upcoding of Services 230 Fraudulent Cost Reporting 240 Medicare/Medicaid Secondary Payor Fraud 250 Submitting Claims After Sanctions 260 Overcharging 270 Failure to Pay Non-Assigned Claim 300 Patient Abuse 305 Theft or Misappropriation of Patient Property 310 Billing for Medically Unnecessary Services 320 Poor Quality of Care 350 Failure to Provide Medically Necessary Care 400 Licensed Practitioner Impersonation/ Allowing Unlicensed Persons to Practice 500 Procurement Fraud	525 Research Fraud 550 Medical Record Falsification 551 Creating Medical Record for Patient Who Does Not Exist 552 Alteration/Misrepresentation of Medical Record 600 Anti-Competition Violation/Deceptive Advertising 700 Controlled Substances Violation 710 Mislabeling Drugs 720 Generic Substitutions 730 Prescription Splitting 735 Prescription Shorting 740 Drug Diversion 750 Forged/Altered Prescription Drugs 760 Illegal Prescription of Controlled Substance 770 Counterfeiting Drugs 780 Illegal Drug Use/Possession 790 Illegal Drug Trafficking 810 Kickbacks 820 Self-Referral Violations 999 Other Act/Omission - Not Classified, Specify, _____
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List H
Type of Action

Code	Type	Description
10	Criminal Conviction (Guilty Plea or Trial)	Federal or State criminal convictions against health care practitioners, providers and suppliers. Convictions must be related to the delivery of a health care item or service. Convictions include guilty pleas, and findings of guilt by either a judge or a jury. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
20	Deferred Conviction/ Pre-Trial Diversion	Actions in which a health care practitioner, provider, or supplier has entered into participation in a first offender, or other program or arrangement where the Federal or State conviction has been deferred or held in abeyance. These actions must be related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
30	Nolo Contendere (No Contest) Plea	Acceptance by a Federal or State court of a nolo contendere or no contest plea by a health care practitioner, provider or supplier in a matter related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
40	Civil Judgment	Civil judgments against a health care practitioner, provider, or supplier in Federal or State court. Judgments must be related to the delivery of a health care item or service. This reporting requirement does not include consent judgments or settlements in which no findings of liability have been made. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
50	Injunction	Civil actions taken against a health care practitioner, provider or supplier that seeks to stop a specific activity, such as the continued production or distribution of a violative product or provision of a service. The action must be related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.

List I Error Codes

Code	Description
01	Format of information in subject record(s) was in error.
05	SQL error.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
08	Invalid password.
13	This agent does not have the authority to act for entity.
20	All or part of subjects name is missing or invalid. At least one name is required, and each provided name requires a first and last name.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
39	All or part of certification is missing: you must provide your printed name, your title (except for individual subject self-queries), your daytime telephone number, your signature, and the date you signed the form. Please submit a new, fully completed form to the Data Bank(s).
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
50	Valid Data Bank Control Number of report to be corrected or voided was not provided.
52	Attempted to correct or void a report that has been previously voided or replaced by a corrected version.
57	Control character (non-alphanumeric) found in file.
71	Invalid Agent Identification Number.
72	Entity does not have active status
73	Agent does not have active status.
74	Possible @ sign in data.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
87	Unable to read certification data record.
90	Missing last name from name record.
91	Missing first name from name record.
AF	This agent user ID does not have authority to perform this action for this entity.
B1	Incomplete individual subject Occupation/Field of Licensure.
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B3	The specialty code selected is either invalid or incompatible with the occupation/field of licensure code selected. Physician specialty codes should only be used for physicians (occupation/field of licensure codes 010, 015, 020 and 025). Dental specialty codes should only be used for dentists (occupation/field of licensure codes 030 and 035).
B5	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued must be provided. License numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number.
B7	Incomplete short organization subject data record.
B8	Act or Omission code missing or invalid.
B9	Missing Judgment or Conviction Report information.
C0	Incomplete or invalid Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type. An Other Description is required if the Organization Type is 999, and not allowed otherwise.
C1	Missing or invalid sentence/judgment information.
C3	Invalid Judgment or Conviction Report type record.
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).

List I (continued) Error Codes

Code	Description
C7	Invalid affiliation data. For each provided affiliate, a valid name is required. If an affiliate address is provided, the city and state (or city and country) are required. An Other Description is required if the Nature of Relationship code is 999, and not allowed otherwise.
C8	Invalid appeal information. Specify if the report is on appeal, and only provide an appeal date if the report is on appeal.
C9	Incomplete information for statutory offenses and counts.
D0	Invalid deceased date.
D3	Invalid type of organization.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
F4	A correction transaction attempted to correct a revision to action report.
F5	A revision to action transaction attempted to modify certain fields that must contain the same information as the report being revised: 'Type of Action', 'Occupation/Field of Licensure' if you are filing a report on an individual subject, as well as 'Competence/Conduct Basis' if you are filing a State licensure report on an individual subject, or 'Health Care Entity Definition' if you are filing a State licensure report on an organizational subject.
F6	The previous DCN did not match a report in the Data Bank.
I1	Invalid Individual Taxpayer Identification Number(s).
I2	At least one ITIN or SSN must be provided for Individual Subject.
I3	At least one ITIN, SSN or FEIN must be provided for Organization Subject.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R9	You do not have the correct statutory authority to submit this report.
RB	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed your registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. You will receive Data Bank Correspondence once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration on the registration confirmation screen within the IQRS. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RC	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RD	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

List I (continued) Error Codes

Code	Description
RE	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RG	The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RH	File is not compliant with the current format version of the latest Interface Control Document (ICD). Please review the appropriate ICD specification for the type of transaction you wish to submit and update your ICD transaction files.

List J
Judgment or Conviction Report Transaction Codes

Code	Description
J2	Initial: The first record of a judgment or conviction report that is submitted to and processed by the HIPDB. An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.
J4	Correction: A report that corrects an error or omission in an existing report. The Correction will supersede the contents of a current version of a report in the HIPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary. Note: You may not correct a Revision to Action report. To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.
J5	Void for Organization Subject: The retraction of a report in its entirety from the HIPDB. The report is removed from the subject's disclosable record.
J6	Void for Individual Subject: The retraction of a report in its entirety from the HIPDB. The report is removed from the subject's disclosable record.
J7	Revision to Action: A new report that relates to and modifies a report previously submitted, (e.g., a change to a judicial action, such as a reduction in the sentence on appeal). Note: To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.
J8	Notice of Appeal for an Organization Subject: A report notifying the HIPDB that a subject has formally appealed a previously reported judgment or conviction. Reporting entities must submit a Notice of Appeal whenever a previously reported judgment or conviction is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the HIPDB.
J9	Notice of Appeal for an Individual Subject: A report notifying the HIPDB that a subject has formally appealed a previously reported judgment or conviction. Reporting entities must submit a Notice of Appeal whenever a previously reported judgment or conviction is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the HIPDB.

5. Sample Files

Note that in the sample files the end of a line is marked by “\n.” The “\n” represents the new line character that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

Sample 1A: JOCR Initial Report on an Individual Subject - Submission

```
HDR~123123123123123~PassWord12~J2~R8.0~27535886~06162003~~administrator~\n
JOCRT~I~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~~\n
ALIAS~ABAGNALE~FRANK~W~JR~\n
SSN~000112222~\n
ITIN~948730239~\n
FEIN~\n
NPI~\n
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~\n
DEA~\n
AFF~\n
UPIN~\n
JOCR~~Fed Court Name~F~City Name~HI~9023423942390~Agency Name~23904823048~30~Nothing.~09151998~\n
APEAL~N~~\n
INVTG~Agency Name~23948230420~~~~~\n
STATOC~Section~Offense~23~~~~~\n
AOCD~220~~~~~\n
SJ~20000.00~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER LICENSE~\n
CERT~John Smith~Intern~3940583490~~06162003~\n
ER~REF#78912~\n
CUSE~ABAG0001~\n
TRLR~\n
```

Sample 1B: JOCR Initial Report on an Individual Subject - Response

HDR~123123123123123~PassWord12~J2~R8.0~27535886~06162003~ADMINISTRATOR~\n
RSTA~7950000029490376~07212003~R~\n
JOCRT~I~I~07212003~07212003~N~Y~N~Y~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~\n
DEA~~~~~\n
ISOFL~010~78999~KY~23~030~12345~KY~D3~~~~~\n
ALIAS~ABAGNALE~FRANK~W~JR~~~~~\n
SSN~000112222~~~~~\n
ITIN~948730239~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~~~~~\n
JOCR~7950000029490376~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n
APEAL~N~\n
INVTG~AGENCY NAME~23948230420~~~~~\n
STATOC~SECTION~OFFENSE~23~~~~~\n
AOCD~220~~~~~\n
SJ~20000.00~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER
LICENSE~~~~~\n
~~~~~\n  
RSDR~~~~~N~\n  
CERT~JOHN SMITH~INTERN~3940583490~06162003~\n  
RPOC~BOB JONES~REPORTING SPECIALIST~7031112222~123~\n  
ISUPPL~~~~~\n  
ER~REF#78912~\n  
CUSE~ABAG0001~\n  
TRLR~\n

**Sample 2A: JOCR Correction Report on an Individual Subject - Submission**

HDR~123123123123123~PassWord12~J4~R8.0~27535886~06162003~~administrator~\n  
JOCRT~I~\n  
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~~LOUISVILLE~KY~~44444~9113~04011968~N~~\n  
ALIAS~ABAGNALE~FRANK~W~JR~\n  
SSN~000112222~\n  
ITIN~\n  
FEIN~\n  
NPI~\n  
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~\n  
DEA~\n  
AFF~\n  
UPIN~\n  
JOCR~7950000029490376~Fed Court Name~F~City Name~HI~9023423942390~Agency Name~23904823048~30~Nothing.~09151998~\n  
APEAL~N~~\n  
INVTG~Agency Name~23948230420~~~~~\n  
STATOC~Section~Offense~23~~~~~\n  
AOCD~220~~~~~\n  
SJ~9999.99~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER LICENSE~\n  
CERT~John Smith~Intern~3940583490~~06162003~\n  
ER~REF#78912~\n  
CUSE~ABAG0001~\n  
TRLR~\n

**Sample 2B: JOCR Correction Report on an Individual Subject - Response**

HDR~123123123123123~PassWord12~J4~R8.0~27535886~06162003~~ADMINISTRATOR~\n  
RSTA~7950000029490379~07212003~R~\n  
JOCRT~I~C~07212003~07212003~N~Y~N~Y~\n  
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~\n  
DEA~~~~~\n  
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~~~~~\n  
ALIAS~ABAGNALE~FRANK~W~JR~~~~~\n  
SSN~000112222~~~~~\n  
ITIN~~~~~\n  
FEIN~~~~~\n  
NPI~~~~~\n  
UPIN~~~~~\n  
AFF~~~~~\n  
JOCR~7950000029490379~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n  
APEAL~N~\n  
INVTG~AGENCY NAME~23948230420~~~~~\n  
STATOC~SECTION~OFFENSE~23~~~~~\n  
AOCD~220~~~~~\n  
SJ~9999.99~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER  
LICENSE~~~~~\n  
~~~~~\n  
PDCN~7950000029490376~\n
RSDR~~~~~N~\n
CERT~JOHN SMITH~INTERN~3940583490~~06162003~\n
RPOC~~~~~\n
ISUPPL~~~~~\n
ER~REF#78912~\n
CUSE~ABAG0001~\n
TRLR~\n

Sample 3A: JOCR Revision to Action Report on an Individual Subject - Submission

HDR~123123123123123~PassWord12~J7~R8.0~27535886~06162003~~administrator~\n
JOCRT~I~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~~44444~9113~04011968~N~~\n
ALIAS~ABAGNALE~FRANK~W~JR~\n
SSN~000112222~\n
ITIN~\n
FEIN~\n
NPI~\n
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~\n
DEA~\n
AFF~\n
UPIN~\n
JOCR~7950000029490379~Fed Court Name~F~City Name~HI~9023423942390~Agency Name~23904823048~30~Nothing.~09151998~\n
APEAL~N~~\n
INVTG~Agency Name~23948230420~~~~~\n
STATOC~Section~Offense~23~~~~~\n
AOCD~220~~~~~\n
SJ~9999.99~1~5~3~1~5~3~1~3~5~1~3~5~30~SUBJECT ORDERED TO SURRENDER LICENSE~\n
CERT~John Smith~Intern~3940583490~~06162003~\n
ER~REF#78912~\n
CUSE~ABAG0001~\n
TRLR~\n

Sample 3B: JOCR Revision to Action Report on an Individual Subject - Response

HDR~123123123123123~PassWord12~J7~R8.0~27535886~06162003~~ADMINISTRATOR~\n
RSTA~7950000029494564~07232003~R~\n
JOCRT~I~R~07232003~07232003~N~Y~N~Y~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~\n
DEA~~~~~\n
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~~~~~\n
ALIAS~ABAGNALE~FRANK~W~JR~~~~~\n
SSN~000112222~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~~~~~\n
JOCR~7950000029494564~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n
APEAL~N~~\n
INVTG~AGENCY NAME~23948230420~~~~~\n
STATOC~SECTION~OFFENSE~23~~~~~\n
AOCD~220~~~~~\n
SJ~9999.99~1~5~3~1~5~3~1~3~5~1~3~5~30~SUBJECT ORDERED TO SURRENDER
LICENSE~~~~~\n
~~~~~\n  
PDCN~7950000029490379~\n  
RSDR~~~~~N~\n  
CERT~JOHN SMITH~INTERN~3940583490~~06162003~\n  
RPOC~~~~~\n  
ISUPPL~~~~~\n  
ER~REF#78912~\n  
CUSE~ABAG0001~\n  
TRLR~\n



**Sample 4A: JOCR Notice of Appeal Report on an Individual Subject - Submission**

HDR~123123123123123~PassWord12~J9~R8.0~27535886~07162003~~administrator~\n  
PDCN~7950000029490379~\n  
SIS~ABAGNALE~FRANCIS~W~JR~\n  
APEAL~Y~07152003~\n  
CERT~John Smith~Intern~3940583490~~07162003~\n  
CUSE~ABAG0001~\n  
TRLR~\n

**Sample 4B: JOCR Notice of Appeal Report on an Individual Subject - Response**

HDR~123123123123123~PassWord12~J9~R8.0~27535886~07162003~~ADMINISTRATOR~\n  
RSTA~7950000029494585~07232003~R~\n  
JOCRT~I~C~07212003~07232003~N~Y~N~Y~\n  
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~\n  
DEA~~~~~\n  
ISOFL~010~~78999~KY~23~030~~12345~KY~D3~~~~~\n  
ALIAS~ABAGNALE~FRANK~W~JR~~~~~\n  
SSN~000112222~~~~~\n  
ITIN~~~~~\n  
FEIN~~~~~\n  
NPI~~~~~\n  
UPIN~~~~~\n  
AFF~~~~~\n  
JOCR~7950000029490379~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n  
APEAL~Y~07152003~\n  
INVTG~AGENCY NAME~23948230420~~~~~\n  
STATOC~SECTION~OFFENSE~23~~~~~\n  
AOCD~220~~~~~\n  
SJ~9999.99~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER  
LICENSE~~~~~  
~~~~~\n  
PDCN~7950000029490376~\n
RSDR~~~~~N~\n
CERT~JOHN SMITH~INTERN~3940583490~~07162003~\n
RPOC~~~~~\n
ISUPPL~~~~~\n
ER~REF#78912~\n
CUSE~ABAG0001~\n
TRLR~\n

Sample 5A: JOCR Void Report on an Individual Subject - Submission

HDR~123123123123123~PassWord12~J6~R8.0~27535886~07162003~~administrator~\n
PDCN~7950000029494564~\n
SIS~ABAGNALE~FRANCIS~W~JR~\n
CERT~John Smith~Intern~3940583490~~07162003~\n
CUSE~ABAG0001~\n
TRLR~\n

Sample 5B: JOCR Void Report on an Individual Subject - Response

HDR~123123123123123~PassWord12~J6~R8.0~27535886~07162003~~ADMINISTRATOR~\n
RSTA~7950000029494590~07232003~R~\n
SIS~ABAGNALE~FRANCIS~W~JR~\n
PDCN~7950000029494564~\n
CERT~JOHN SMITH~INTERN~3940583490~~07162003~\n
RPOC~~~~~\n
CUSE~ABAG0001~\n
TRLR~\n

Sample 6A: JOCR Initial Report on an Organization Subject - Submission

HDR~123123123123123~PassWord12~J2~R8.0~29494609~07232003~~administrator~\n
 JOCRT~E~\n
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~~ANYTOWN~PA~~17777~~396~~~\n
 OENAM~OTHER ORGANIZATION NAME~\n
 SSN~000112222~222334444~\n
 ITIN~\n
 FEIN~666666666~111111111~\n
 NPI~\n
 POO~OFFICERLN~OFFICER FN~OFFICER MN~~OFFICER TITLE~\n
 ESLN~PA987876~PA~\n
 MEDICAREP~\n
 DEA~DEA 4565~\n
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~~ANYTOWN~PA~~17777~~500~~~\n
 JOCR~~Sample Venue~S~Venue City~PA~123456~Prosecutor~Number~40~Narrative Description of Act or Omission~07152003~\n
 APEAL~U~~\n
 INVTG~Agency 1~123456~Agency 2~234567~~~~~\n
 STATOC~Statute 1~Offense 1~1~Statute 2~Offense 2~2~Statute 3~Offense 3~3~Statute 4~Offense 4~4~Statute 5~Offense 5~5~\n
 AOCD~207~~240~~210~~810~~999~Description of other Act/Omission~\n
 SJ~25.00~35.00~~~~~3~~~40~Other Court Orders~\n
 CERT~John Smith~Submitter~1234567890~1234~07232003~\n
 ER~ER76897876AB~\n
 CUSE~\n
 TRLR~\n

Sample 6B: JOCR Initial Report on an Organization Subject - Response

HDR~123123123123123~PassWord12~J2~R8.0~29494609~07232003~~ADMINISTRATOR~\n
 RSTA~7950000029494613~07232003~R~\n
 JOCRT~E~I~07232003~07232003~N~Y~N~Y~\n
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~ANYTOWN~PA~17777~396~~\n
 DEA~DEA 4565~~~\n
 ESLN~PA987876~PA~~~~~\n
 OENAM~OTHER ORGANIZATION NAME~~~~~\n
 SSN~000112222~222334444~~~~\n
 ITIN~~~~~\n
 FEIN~666666666~111111111~~~~\n
 NPI~~~~~\n
 MEDICAREP~~~~~\n
 POO~OFFICERLN~OFFICER FN~OFFICER MN~OFFICER TITLE~~~~~\n
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~ANYTOWN~PA~17777~500~~~~~\n
 JOCR~7950000029494613~SAMPLE VENUE~S~VENUE CITY~PA~123456~PROSECUTOR~NUMBER~40~NARRATIVE DESCRIPTION OF ACT OR
 OMISSION~07152003~\n
 APEAL~U~~\n
 INVTG~AGENCY 1~123456~AGENCY 2~234567~~~~~\n
 STATOC~STATUTE 1~OFFENSE 1~1~STATUTE 2~OFFENSE 2~2~STATUTE 3~OFFENSE 3~3~STATUTE 4~OFFENSE 4~4~STATUTE 5~OFFENSE 5~5~\n
 AOCD~207~~240~~210~~810~~999~DESCRIPTION OF OTHER ACT/OMISSION~\n
 SJ~25.00~35.00~~~~~3~~40~OTHER COURT
 ORDERS~~~~~\n
 RSDR~~~~~N~\n
 CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n
 RPOC~MATTHEW BRODY~PROJECT MANAGER~7031234567~~\n
 ESUPPL~~~~~\n
 ER~ER76897876AB~\n
 CUSE~~~\n
 TRLR~\n

Sample 7A: JOCR Correction Report on an Organization Subject - Submission

HDR~123123123123123~PassWord12~J4~R8.0~29494609~07232003~~administrator~\n
JOCRT~E~\n
ESUBJ~ORGANIZATION NAME~123 FIRST ST.~~ANYTOWN~PA~~17777~~396~~~\n
OENAM~OTHER ORGANIZATION NAME~\n
SSN~000112222~222334444~\n
ITIN~923782398~923723848~974782938~938728377~\n
FEIN~555555555~111111111~\n
NPI~\n
POO~OFFICERLN~OFFICER FN~OFFICER MN~~OFFICER TITLE~\n
ESLN~PA987876~PA~\n
MEDICAREP~\n
DEA~DEA 4565~\n
AFF~AFFILIATED ENTITY1~123 THIRD ST.~~ANYTOWN~PA~~17777~~500~~~\n
JOCR~7950000029494613~Sample Venue~S~Venue City~PA~123456~Prosecutor~Number~40~Narrative Description of Act or Omission~07152003~\n
APEAL~U~~~\n
INVTG~Agency 1~123456~Agency 2~234567~~~~~\n
STATOC~Statute 1~Offense 1~1~Statute 2~Offense 2~2~Statute 3~Offense 3~3~Statute 4~Offense 4~4~Statute 5~Offense 5~5~\n
AOCD~207~~240~~210~~810~~999~Description of other Act/Omission~\n
SJ~25.00~35.00~~~~~3~~~40~Other Court Orders~\n
CERT~John Smith~Submitter~1234567890~1234~07232003~\n
ER~ER76897876AB~\n
CUSE~\n
TRLR~\n

Sample 7B: JOCR Correction Report on an Organization Subject - Response

HDR~123123123123123~PassWord12~J4~R8.0~29494609~07232003~~ADMINISTRATOR~\n
 RSTA~7950000029494615~07232003~R~\n
 JOCRT~E~C~07232003~07232003~N~~Y~N~Y~\n
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~ANYTOWN~PA~17777~396~~\n
 DEA~DEA 4565~~~~\n
 ESLN~PA987876~PA~~~~\n
 OENAM~OTHER ORGANIZATION NAME~~~~\n
 SSN~000112222~222334444~~~~\n
 ITIN~923782398~923723848~974782938~938728377~\n
 FEIN~55555555~111111111~~~~\n
 NPI~~~~\n
 MEDICAREP~~~~\n
 POO~OFFICERLN~OFFICER FN~OFFICER MN~OFFICER TITLE~~~~~\n
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~ANYTOWN~PA~17777~500~~~~~\n
 JOCR~7950000029494615~SAMPLE VENUE~S~VENUE CITY~PA~123456~PROSECUTOR~NUMBER~40~NARRATIVE DESCRIPTION OF ACT OR
 OMISSION~07152003~\n
 APEAL~U~~\n
 INVTG~AGENCY 1~123456~AGENCY 2~234567~~~~\n
 STATOC~STATUTE 1~OFFENSE 1~1~STATUTE 2~OFFENSE 2~2~STATUTE 3~OFFENSE 3~3~STATUTE 4~OFFENSE 4~4~STATUTE 5~OFFENSE 5~5~\n
 AOCD~207~~240~~210~~810~~999~DESCRIPTION OF OTHER ACT/OMISSION~\n
 SJ~25.00~35.00~~~~~3~~40~OTHER COURT
 ORDERS~~~~~\n
 ~~~~~~\n  
 PDCN~7950000029494613~\n  
 RSDR~07242003~N~I OBJECT!~~Y~\n  
 CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n  
 RPOC~MATTHEW BRODY~PROJECT MANAGER~7031112222~\n  
 ESUPPL~ALTERNATENENAME~~~~\n  
 ER~ER76897876AB~\n  
 CUSE~~\n  
 TRLR~\n

**Sample 8A: JOCR Revision to Action Report on an Organization Subject - Submission**

HDR~123123123123123~PassWord12~J7~R8.0~29494609~07232003~~administrator~\n  
JOCRT~E~\n  
ESUBJ~ORGANIZATION NAME~123 FIRST ST.~~ANYTOWN~PA~~17777~~396~~~\n  
OENAM~OTHER ORGANIZATION NAME~\n  
SSN~000112222~222334444~\n  
ITIN~\n  
FEIN~666666666~111111111~\n  
NPI~\n  
POO~OFFICERLN~OFFICER FN~OFFICER MN~~OFFICER TITLE~\n  
ESLN~PA987876~PA~\n  
MEDICAREP~\n  
DEA~DEA 4565~\n  
AFF~AFFILIATED ENTITY1~123 THIRD ST.~~ANYTOWN~PA~~17777~~500~~~\n  
JOCR~7950000029494615~Sample Venue~S~Venue City~PA~123456~Prosecutor~Number~40~Narrative Description of Act or Omission~071\n  
52003~\n  
APEAL~U~~\n  
INVTG~Agency 1~123456~Agency 2~234567~~~~~\n  
STATOC~Statute 1~Offense 1~1~Statute 2~Offense 2~2~Statute 3~Offense 3~3~Statute 4~Offense 4~4~Statute 5~Offense 5~5~\n  
AOCD~207~~240~~210~~810~~999~Description of other Act/Omission~\n  
SJ~25.00~35.00~~~~~2~~80~Other Court Orders~\n  
CERT~John Smith~Submitter~1234567890~1234~07232003~\n  
ER~ER76897876AB~\n  
CUSE~\n  
TRLR~\n

**Sample 8B: JOCR Revision to Action Report on an Organization Subject - Response**

HDR~123123123123123~PassWord12~J7~R8.0~29494609~07232003~~ADMINISTRATOR~\n  
RSTA~7950000029494616~07232003~R~\n  
JOCRT~E~R~07232003~07232003~N~~Y~N~Y~\n  
ESUBJ~ORGANIZATION NAME~123 FIRST ST.~ANYTOWN~PA~17777~396~~~\n  
DEA~DEA 4565~~~~~\n  
ESLN~PA987876~PA~~~~~\n  
OENAM~OTHER ORGANIZATION NAME~~~~~\n  
SSN~000112222~222334444~~~~~\n  
ITIN~~~~~\n  
FEIN~666666666~111111111~~~~~\n  
NPI~~~~~\n  
MEDICAREP~~~~~\n  
POO~OFFICERLN~OFFICER FN~OFFICER MN~OFFICER TITLE~~~~~\n  
AFF~AFFILIATED ENTITY1~123 THIRD ST.~ANYTOWN~PA~17777~500~~~~~\n  
JOCR~7950000029494616~SAMPLE VENUE~S~VENUE CITY~PA~123456~PROSECUTOR~NUMBER~40~NARRATIVE DESCRIPTION OF ACT OR OMISSION~071\n52003~\n  
APEAL~U~\n  
INVTG~AGENCY 1~123456~AGENCY 2~234567~~~~~\n  
STATOC~STATUTE 1~OFFENSE 1~1~STATUTE 2~OFFENSE 2~2~STATUTE 3~OFFENSE 3~3~STATUTE 4~OFFENSE 4~4~STATUTE 5~OFFENSE 5~5~\n  
AOCD~207~~240~~210~~810~~999~DESCRIPTION OF OTHER ACT/OMISSION~\n  
SJ~25.00~35.00~~~~~2~~80~OTHER COURT ORDERS~\n  
PDCN~7950000029494615~\n  
RSDR~~~~~N~\n  
CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n  
RPOC~~~~~\n  
ESUPPL~~~~~\n  
ER~ER76897876AB~\n  
CUSE~~~\n  
TRLR~\n



**Sample 9A: JOCR Notice of Appeal Report on an Organization Subject - Submission**

HDR~123123123123123~PassWord12~J8~R8.0~29494609~07232003~~administrator~\n  
 PDCN~7950000029494615~\n  
 SES~ORGANIZATION NAME~ANYTOWN~PA~~\n  
 APEAL~Y~07202003~\n  
 CERT~John Smith~Submitter~1234567890~1234~07232003~\n  
 CUSE~\n  
 TRLR~\n

**Sample 9B: JOCR Notice of Appeal Report on an Organization Subject - Response**

HDR~123123123123123~PassWord12~J8~R8.0~29494609~07232003~~ADMINISTRATOR~\n  
 RSTA~7950000029494617~07232003~R~\n  
 JOCRT~E~C~07232003~07232003~N~~Y~N~Y~\n  
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~~ANYTOWN~PA~~17777~~396~~~\n  
 DEA~DEA 4565~~~~\n  
 ESLN~PA987876~PA~~~~~\n  
 OENAM~OTHER ORGANIZATION NAME~~~~~\n  
 SSN~000112222~222334444~~~~\n  
 ITIN~~~~~\n  
 FEIN~55555555~11111111~\n  
 NPI~~~~~\n  
 MEDICAREP~~~~~\n  
 POO~OFFICERLN~OFFICER FN~OFFICER MN~~OFFICER TITLE~~~~~\n  
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~~ANYTOWN~PA~~17777~~500~~~~~\n  
 JOCR~7950000029494615~SAMPLE VENUE~S~VENUE CITY~PA~123456~PROSECUTOR~NUMBER~40~NARRATIVE DESCRIPTION OF ACT OR OMISSION~071\n  
 52003~\n  
 APEAL~Y~07202003~\n  
 INVTG~AGENCY 1~123456~AGENCY 2~234567~~~~~\n  
 STATOC~STATUTE 1~OFFENSE 1~1~STATUTE 2~OFFENSE 2~2~STATUTE 3~OFFENSE 3~3~STATUTE 4~OFFENSE 4~4~STATUTE 5~OFFENSE 5~5~\n  
 AOCD~207~~240~~210~~810~~999~DESCRIPTION OF OTHER ACT/OMISSION~\n  
 SJ~25~35~~~~~3~~40~OTHER COURT  
 ORDERS~~~~~\n  
 PDCN~7950000029494613~\n  
 RSDR~07252003~N~THESE ALLEGATIONS ARE UNTRUE.~~~~Y~\n  
 CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n  
 RPOC~~~~~\n  
 ESUPPL~~~~~\n  
 ER~ER76897876AB~\n  
 CUSE~\n  
 TRLR~\n

**Sample 10A: JOCR Void Report on an Organization Subject - Submission**

HDR~123123123123123~PassWord12~J5~R8.0~29494609~07232003~~administrator~\n  
PDCN~7950000029494616~\n  
SES~ORGANIZATION NAME~ANYTOWN~PA~~\n  
CERT~John Smith~Submitter~1234567890~1234~07232003~\n  
CUSE~\n  
TRLR~\n

**Sample 10B: JOCR Void Report on an Organization Subject - Response**

HDR~123123123123123~PassWord12~J5~R8.0~29494609~07232003~~ADMINISTRATOR~\n  
RSTA~7950000029494618~07232003~R~\n  
SES~ORGANIZATION NAME~ANYTOWN~PA~\n  
PDCN~7950000029494616~\n  
CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n  
RPOC~~~~~\n  
CUSE~~~\n  
TRLR~\n

**Sample 11A: JOCR Rejected Initial Report on an Individual Subject - Submission**

HDR~123123123123123~PassWord12~J2~R8.0~27535886~06162003~~administrator~\n  
JOCRT~I~\n  
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~~44444~9113~04011968~N~~\n  
ALIAS~ABAGNALE~FRANK~W~JR~\n  
SSN~000112222~\n  
ITIN~\n  
FEIN~\n  
NPI~\n  
ISOFL~\n  
DEA~\n  
AFF~\n  
UPIN~\n  
JOCR~~Fed Court Name~F~City Name~HI~9023423942390~Agency Name~23904823048~30~Nothing.~09151998~\n  
APEAL~N~~\n  
INVTG~Agency Name~23948230420~~~~~\n  
STATOC~Section~Offense~23~~~~~\n  
AOCD~220~~~~~\n  
SJ~20000.00~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER LICENSE~\n  
CERT~John Smith~Intern~3940583490~~06162003~\n  
ER~REF#78912~\n  
CUSE~ABAG0001~\n  
TRLR~\n

**Sample 11B: JOCR Rejected Initial Report on an Individual Subject - Response**

HDR~123123123123123~PassWord12~J2~R8.0~27535886~06162003~~ADMINISTRATOR~\n  
RSTA~7950000029494605~07232003~F~B1~\n  
JOCRT~I~~~~~\n  
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~~~~~5000 MAIN ST.~LOUISVILLE~KY~44444~9113~04011968~N~~\n  
DEA~~~~~\n  
ISOFL~~~~~\n  
ALIAS~ABAGNALE~FRANK~W~JR~~~~~\n  
SSN~000112222~~~~~\n  
ITIN~~~~~\n  
FEIN~~~~~\n  
NPI~~~~~\n  
UPIN~~~~~\n  
AFF~~~~~\n  
JOCR~7950000029494605~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n  
APEAL~N~~\n  
INVTG~AGENCY NAME~23948230420~~~~~\n  
STATOC~SECTION~OFFENSE~23~~~~~\n  
AOCD~220~~~~~\n  
SJ~20000.00~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER  
LICENSE~~~~~\n  
~~~~~\n  
CERT~JOHN SMITH~INTERN~3940583490~~06162003~\n
ER~REF#78912~\n
CUSE~ABAG0001~\n
TRLR~\n

APPENDIX A - DISCLAIMER

Terms and Conditions: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) make this ICD available as a courtesy to assist authorized clients who have unique operating requirements.

- A. No warranty or guarantee of any type is implied or intended for the use of ICDs by the ICD user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the ICD user will not hold or attempt to hold the Data Bank(s) or individuals associated with them responsible for damages of any type resulting from its use.
- B. The Data Bank(s) make no commitment, and none shall be inferred by the ICD user or its customers, for providing any technical support or other assistance or consultation whatsoever regarding the modification, installation, use, maintenance, or operation of software produced by the ICD user to produce transaction files as described in the ICD.
- C. Any ICD user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The ICD user is required to inform its customers that the Data Bank(s) do not sanction or authorize any software, other than software produced by the NPDB or the HIPDB, that produces transaction files as described in the ICD.
- D. The ICD user agrees to indemnify and hold harmless the Data Bank(s) in the event that one of its customers obtains a judgment as a result of any use of the ICD user's software.

Definitions:

ICD – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB).

ICD user – Any individual or organization that implements software to produce transaction files as described in the ICD, either for its own use or to provide to NPDB or HIPDB entities.

NPDB entity – Any entity that is authorized to query or report to the NPDB, pursuant to 42 U.S.C. §11101, *et seq.*, the *Health Care Quality Improvement Act of 1986*.

HIPDB entity – Any entity that is authorized to query or report to the HIPDB, pursuant to 42 U.S.C. §1301, *et seq.*, as amended by Sections 201 and 205, the *Health Insurance Portability and Accountability Act of 1996*.

Customer – Any NPDB or HIPDB entity to whom the ICD user provides application software and support for electronic querying and/or reporting to the NPDB-HIPDB.

APPENDIX B - RULES OF BEHAVIOR

All individuals that have access to obtain information from and report information to the NPDB-HIPDB system must comply with the following conditions:

B.1 Ownership

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB-HIPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

B.2 Responsibilities

Individual users are provided with a unique user ID and initial password to access this system. You are responsible for maintaining the integrity of and are held accountable for everything done using your user ID and password. No other person, including those at the NPDB-HIPDB Customer Service Center has access to your password. Passwords shall not be shared with others. If password security is suspected to be compromised you agree to change the password immediately, and notify the NPDB-HIPDB Customer Service Center.

Information and activities associated with the NPDB-HIPDB system shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation; and contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information. "Information" is defined as any information you provide to the NPDB-HIPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB-HIPDB system.

B.3 Confidentiality

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB and the HIPDB is confidential and shall not be disclosed except as specified in the NPDB and HIPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB and/or HIPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB-HIPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.

B.4 Intrusion Detection

The system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

Individuals using this system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g. data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system. Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

B.5 Violation of Rules of Behavior

In the event it is suspected that you have not complied with these rules of behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB-HIPDB system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the NPDB-HIPDB system.